

UNITED STATES DISTRICT COURT

SOUTHERN DISTRICT OF TEXAS

United States of America,

§

Plaintiff,

§

§

vs.

§

§

Civil Action _____
(CDCS: 2017A34698/2017A34718/2017A34725/
2017A34732/2017A34761)

Andres Garcia d/b/a All Care EMS,

§

§

Defendant.

§

§

Complaint

1. *Jurisdiction.* The district court has jurisdiction because the United States is a party. *See* U.S. CONST., art III, § 2, and 28 U.S.C. § 1345.
2. *Venue.* The defendant resides in Fort Bend County, Texas, and may be served with process at 1206 Moray Drive, Rosenberg, Texas 77471.
3. *The Debt.* The debt owed to the United States arose through Department of Health & Human Services, Centers for Medicare & Medicaid Services, Medicare Overpayment. See findings on each overpayment. The debt on the date of the Certificate of Indebtedness was:

(A) CDCS 2017A34698

A.	Current principal	\$	346.22
B.	Interest (capitalized and accrued)	\$	110.06
C.	Administrative fees, costs, penalties (Including \$400.00 Filing fee)	\$	400.00
D.	Attorney's fees	\$	50.00

E.	Balance due	\$	<u>906.28</u>
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F. Prejudgment interest accrues at 10.12% per annum being \$0.10 per day.

(B) CDCS 2017A34718

A.	Current principal	\$	17,849.66
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B.	Interest (capitalized and accrued)	\$	5,674.68
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C.	Administrative fees, costs, penalties	\$	0.00
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D.	Attorney's fees	\$	785.00
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E.	Balance due	\$	<u>24,309.34</u>
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F. Prejudgment interest accrues at 10.12% per annum being \$4.95 per day.

(C) CDCS 2017A34725

A.	Current principal	\$	112,690.72
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B.	Interest (capitalized and accrued)	\$	27,204.51
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C.	Administrative fees, costs, penalties	\$	0.00
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D.	Attorney's fees	\$	785.00
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E.	Balance due	\$	<u>140,680.23</u>
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F. Prejudgment interest accrues at 10.75% per annum being \$33.19 per day.

(D) CDCS 2017A34732

A.	Current principal	\$	16,182.94
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B.	Interest (capitalized and accrued)	\$	5,144.29
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C.	Administrative fees, costs, penalties	\$	0.00
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D.	Attorney's fees	\$	785.00
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E.	Balance due	\$	<u>22,112.23</u>
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F. Prejudgment interest accrues at 10.12% per annum being \$4.49 per day.

(E) CDCS 2017A34761

A.	Current principal	\$	15,629.45
B.	Interest (capitalized and accrued)	\$	4,968.65
C.	Administrative fees, costs, penalties	\$	0.00
D.	Attorney's fees	\$	785.00
E.	Balance due	\$	<u>21,383.10</u>

F. Prejudgment interest accrues at 10.12% per annum being \$4.33 per day.

Total Due (CDCS 2017A34698, 2017A34718, 2017A34725, 2017A34732 and 2014A52950)

\$ 209,391.18

G. The current principal in paragraph 3(A)A, 3(B)A, 3(C)A, 3(D)A and 3(E)A is after credits of \$0.00.

4. *Default.* The United States has demanded that the defendant pay the indebtedness, and the defendant has failed to pay it. See Exhibits F, G, H, I and J. Demand Letters notifying debtor of the overpayments and the statutory basis for the overpayment claims.

5. *Prayer.* The United States prays for judgment for:

- A. The sums in paragraph 3, pre-judgment interest, administrative costs, and post-judgment interest.
- B. Attorney's fees; and,
- C. Other relief the court deems proper.

Respectfully submitted,

CERSONSKY, ROSEN & GARCÍA, P.C.

By: /s/ M. H. Cersonsky

M. H. Cersonsky, TBN: 04048500

1770 St. James Place, Suite 150

Houston, Texas 77056

Telephone: (713) 600-8500

Fax: (713) 600-8585

Attorneys for Plaintiff

For Important Information About This Lawsuit Please See Next Page.

Federal Court Suit

- 1. You have been served in a lawsuit.**
- 2. If you dispute the debt in it, you must file a written response to the lawsuit with the court and the government's lawyer. If you do not, a default judgment will be taken against you.**
- 3. Your written response is due 21 days after the day you got the lawsuit papers.**
- 4. Mail your written response to:**

**Clerk
United States District Court
P.O. Box 61010
Houston, Texas 77208**

and send a copy to the lawyers for the United States at:

**M. H. Cersonsky
Cersonsky, Rosen & García, P.C.
1770 St. James Place, Suite 150
Houston, Texas 77056**

Be sure to put your case number and name on your response.

- 5. If you do not dispute the debt claimed in the lawsuit and want a payment plan, please contact Eddith Salazar at (713) 600-8500.**



U.S. DEPARTMENT OF THE TREASURY
BUREAU OF THE FISCAL SERVICE
WASHINGTON, D.C. 20227

ACTING ON BEHALF OF
Department of Health & Human Services,
Centers for Medicare & Medicaid Services,
Medicare Overpayment
CERTIFICATE OF INDEBTEDNESS

Debtor Name(s) and Address(es):

Andres Garcia dba All Care EMS
1206 Moray Dr
Rosenberg, TX 77471

The debtor named above is indebted to the United States in the amount stated as follows:

Principal:	\$346.22
Interest through 2/6/17:	\$110.06

(pursuant to 31 U.S.C. 3717(e) and 3711(g)(6), (7); 31 C.F.R. 285.12(j) and 31 C.F.R. 901.1(f); and 28 U.S.C. 527, note)

TOTAL debt owed as of 2/6/17: \$456.28

NOTE: Per the creditor agency, interest continues to accrue on the principal amount shown here at the rate of 10.12% annually (a rate of \$0.10 per diem).

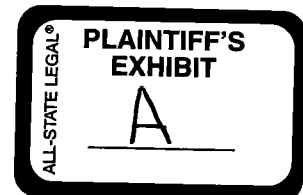
CERTIFICATION: Pursuant to 28 USC ss. 1746, I certify under penalty of perjury that the foregoing is true and correct to the best of my knowledge and belief based upon information provided by the Department of Health & Human Services, Centers for Medicare & Medicaid Services, Medicare Overpayment.

X *Ashleigh Edmonds*

February 06, 2017

Signed by: Ashleigh N. Edmonds

Ashleigh Edmonds
Financial Program Specialist
U.S. Department of the Treasury
Bureau of the Fiscal Service





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BUREAU OF THE FISCAL SERVICE
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Medicare Overpayment
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Debtor Name(s) and Address(es):

Andres Garcia dba All Care EMS
1206 Moray Dr
Rosenberg, TX 77471

The debtor named above is indebted to the United States in the amount stated as follows:

Principal:	\$17,849.66
Interest through 2/6/17:	\$ 5,674.68

(pursuant to 31 U.S.C. 3717(e) and 3711(g)(6), (7); 31 C.F.R. 285.12(j) and 31 C.F.R. 901.1(f); and 28 U.S.C. 527, note)

TOTAL debt owed as of 2/6/17: \$23,524.34

NOTE: Per the creditor agency, interest continues to accrue on the principal amount shown here at the rate of 10.12% annually (a rate of \$4.95 per diem).

CERTIFICATION: Pursuant to 28 USC ss. 1746, I certify under penalty of perjury that the foregoing is true and correct to the best of my knowledge and belief based upon information provided by the Department of Health & Human Services, Centers for Medicare & Medicaid Services, Medicare Overpayment.

X *Ashleigh Edmonds*

February 06, 2017

Signed by: Ashleigh N. Edmonds

Ashleigh Edmonds
Financial Program Specialist
U.S. Department of the Treasury
Bureau of the Fiscal Service





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Medicare Overpayment
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Andres Garcia dba All Care EMS
1206 Moray Dr
Rosenberg, TX 77471

The debtor named above is indebted to the United States in the amount stated as follows:

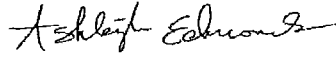
Principal:	\$112,690.72
Interest through 2/6/17:	\$ 27,204.51

(pursuant to 31 U.S.C. 3717(e) and 3711(g)(6), (7); 31 C.F.R. 285.12(j) and 31 C.F.R. 901.1(f); and 28 U.S.C. 527, note)

TOTAL debt owed as of 2/6/17: \$139,895.23

NOTE: Per the creditor agency, interest continues to accrue on the principal amount shown here at the rate of 10.75% annually (a rate of \$33.19 per diem).

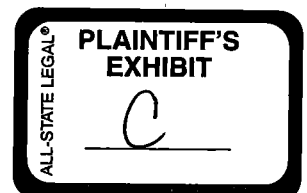
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February 06, 2017

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Ashleigh Edmonds
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U.S. Department of the Treasury
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Andres Garcia dba All Care EMS
1206 Moray Dr
Rosenberg, TX 77471

The debtor named above is indebted to the United States in the amount stated as follows:

Principal:	\$16,182.94
Interest through 2/6/17:	\$ 5,144.29

(pursuant to 31 U.S.C. 3717(e) and 3711(g)(6), (7); 31 C.F.R. 285.12(j) and 31 C.F.R. 901.1(f); and 28 U.S.C. 527, note)

TOTAL debt owed as of 2/6/17: \$21,327.23

NOTE: Per the creditor agency, interest continues to accrue on the principal amount shown here at the rate of 10.12% annually (a rate of \$4.49 per diem).

CERTIFICATION: Pursuant to 28 USC ss. 1746, I certify under penalty of perjury that the foregoing is true and correct to the best of my knowledge and belief based upon information provided by the Department of Health & Human Services, Centers for Medicare & Medicaid Services, Medicare Overpayment.

X *Ashleigh Edmonds*

February 06, 2017

Signed by: Ashleigh N. Edmonds

Ashleigh Edmonds
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Department of Health & Human Services,
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CERTIFICATE OF INDEBTEDNESS

Debtor Name(s) and Address(es):

Andres Garcia dba All Care EMS
1206 Moray Dr
Rosenberg, TX 77471

The debtor named above is indebted to the United States in the amount stated as follows:

Principal:	\$15,629.45
Interest through 2/6/17:	\$ 4,968.65

(pursuant to 31 U.S.C. 3717(e) and 3711(g)(6), (7); 31 C.F.R. 285.12(j) and 31 C.F.R. 901.1(f); and 28 U.S.C. 527, note)

TOTAL debt owed as of 2/6/17: \$20,598.10

NOTE: Per the creditor agency, interest continues to accrue on the principal amount shown here at the rate of 10.12% annually (a rate of \$4.33 per diem).

CERTIFICATION: Pursuant to 28 USC ss. 1746, I certify under penalty of perjury that the foregoing is true and correct to the best of my knowledge and belief based upon information provided by the Department of Health & Human Services, Centers for Medicare & Medicaid Services, Medicare Overpayment.

X *Ashleigh Edmonds*

February 06, 2017

Signed by: Ashleigh N. Edmonds

Ashleigh Edmonds
Financial Program Specialist
U.S. Department of the Treasury
Bureau of the Fiscal Service





MEDICARE
A Medicare Contractor

Date: 12/06/2013

Letter Number: 13155553

ANDRES GARCIA
5916 W 34TH ST
STE K
HOUSTON, TX 770926424

FIRST REQUEST

RE : MMA 935 - Overpayment Amount
Provider Name: ANDRES GARCIA
Provider Number: 1295849743
Outstanding Balance: \$346.22

Dear Sir/Madam,

This is to inform you that you have received a Medicare payment in error which has resulted in an overpayment in the amount of \$346.22. The purpose of our letter is to request that this amount be repaid to our office. The attached listing explains how this happened.

Why you are responsible:

You are responsible for being aware of correct claim filing procedures. In this situation, you billed and/or received payment for services you should have known you were not entitled to. Therefore, you are not without fault and are responsible for repaying the overpayment amount. If you dispute this determination please follow the appropriate appeals process listed below. Applicable authorities: Section 1870(b)(c) of the Social Security Act; Subsections 405.350 - 405.359 of Title 42 CFR, Subsections 404.506 - 404.509, 404.510a and 404.512 of Title 20 of the United States Code of Federal Regulations and 20 CFR.

What you should do:

Please return the overpaid amount to us by 01/04/2014 and no interest charge will be assessed.

We request that you refund this amount in full. If you are unable to make refund of the entire amount at this time, advise this office immediately so that we may determine if you are eligible

Novitas Solutions, Inc.
PO Box 3063, Mechanicsburg, PA 17055-1806
www.novitas-solutions.com



for a repayment plan. Any repayment plan (where one is approved) would run from the date of this letter.

Make the check payable to Medicare Part B and send it with a copy of this letter to:

Novitas Solutions, Inc.
ATTN: Cashier
PO Box 3106
Mechanicsburg, PA 17055-1822

You may elect to have your overpayment(s) repaid through the immediate recoupment process and avoid paying by check or waiting for the standard recoupment process that begins on day 41 from date of the initial demand letter. A request for immediate recoupment must be received in writing no later than the 16th day from the date of initial demand letter. You must specify whether you are submitting:

1. A one-time request for the current overpayment and all future overpayments, or
2. A request for the current overpayment addressed in this demand letter only.

This process is voluntary and for your convenience. Your request must specifically state you understand you are waiving potential receipt of interest payment pursuant to Section 1893(f)(2) for the overpayments. Note: Such interest may be payable for certain overpayments reversed at the Administrative Law Judge (ALJ) level or subsequent levels of appeal.

Visit our website at www.novitas-solutions.com for additional information and instructions for Immediate Recoupment.

You may fax your request to the number mentioned at the end of this letter.

Payment Withholding:

If payment in full is not received by 01/04/2014, payments to you can be withheld (Recoupment) until payment in full is received or if you have not submitted an acceptable extended repayment request and/or a valid and timely appeal is received.

Please complete an extended repayment schedule (ERS) package if you are unable to make full payment at this time, and would like to request an ERS. Details for completing the ERS package are included on our Website at www.novitas-solutions.com. If you would like to receive an ERS package by mail, please call the telephone number listed at the end of this letter.

Rebuttal Process:

Under our existing regulations 42 CFR sections 405.374, Providers and other Suppliers will

have 15 days from the date of this demand letter to submit a statement of opportunity to rebuttal. The rebuttal process provides the debtor the opportunity to submit a statement and/or evidence stating why recoupment should not be initiated. The outcome of the rebuttal process could change how or if we recoup. If you have reason to believe the withhold should not occur on 01/15/2014, you must notify this office before 12/20/2013. We will review your documentation. Our office will advise you of our decision in 15 days from receipt of your request. However, this is not an appeal of the overpayment determination, and it will not delay recoupment before a rebuttal response has been rendered.

The rebuttal statement does not cease recoupment activities consistent with section 935 of the MMA.

How to Stop Recoupment:

Even if the overpayment and any assessed interest has not been paid in full you can stop Medicare from recouping any payments. If you act quickly and decidedly, Medicare will permit providers to stop recoupment at two points. The first occurs if we receive a valid and timely request for a redetermination within 30 days from the date of this letter. We will stop or delay recoupment pending the results of the appeal.

We will again stop recoupment if, following an unfavorable or partially favorable redetermination decision if you decide to act quickly and file a valid request for reconsideration with the Qualified Independent Contractor (QIC). The address and details on how to file a request for reconsideration will be included in the redetermination decision letter.

What are the timeframes to stop recoupment:

First Opportunity: To assist us in expeditiously stopping the recoupment process, we request that you clearly indicate on your appeal request that this is a 935 overpayment appeal for a redetermination to:

Novitas Solutions, Inc. - 935 APPEALS REDETERMINATION
PO Box 3110
Mechanicsburg, PA 17055-1826

Second Opportunity: If the redetermination decision is 1) unfavorable we can begin to recoup no earlier than the 60th day from the date of the Medicare redetermination notice (Medicare Appeal Decision Letter), or 2) if the decision is partially favorable we can begin to recoup no earlier than the 60th day from the date of the Medicare revised overpayment Notice/Revised Demand Letter. Therefore, it is important to act quickly and decidedly to limit recoupment by requesting a valid and timely reconsideration within 60 days of the appropriate notice/letter. The address and details on how to file a request for reconsideration will be included in the redetermination decision letter.

What Happens following a reconsideration by a Qualified Independent Contractor (QIC):

Following decision or dismissal by the QIC, if the debt has not been paid in full, we will begin or resume recoupment whether or not you appeal to the next level of Administrative Law Judge (ALJ).

NOTE: Even when recoupment is stopped, interest continues to accrue.

Interest Assessment:

If you do not refund in 30 days: In accordance with 42 CFR 405.378 simple interest at the rate of 10.125 percent will be charged on the unpaid balance of the overpayment beginning on the 31st day. Interest is calculated in 30-day periods and is assessed for each full 30-day period that payment is not made on time. Thus, if payment is received 31 days from the date of final determination, one 30-day period of interest will be charged. Each payment will be applied first to accrued interest and then to principal. After each payment interest will continue to accrue on the remaining principal balance, at the rate of 10.125 percent. In addition, please note that Medicare rules require that payment be either received in our office by 01/04/2014 or use the United States Postal Service Postmark by that date for the payment to be considered timely. A metered mail postmark received in our office after 01/04/2014 will cause an additional month's interest to be assessed on the debt.

Medicaid Offset:

If this matter is not resolved, CMS may instruct the Medicaid State Agency to withhold the Federal share of any Medicaid payments that may be due you or related facilities until the full amount owed Medicare is recouped, Title 42 CFR, Section 447.30(g). These recoveries will be in addition to any recoupments from other Medicare funds due you until the full amount owed to Medicare is recovered.

If you wish to appeal this decision:

If you disagree with this overpayment decision, you may file an appeal. An appeal is a review performed by people independent of those who have reviewed your claim so far. The first level of appeal is called a redetermination. You must file your request for a redetermination within 120 days from the date of this letter. However, if you wish to avoid recoupment from occurring, you need to file your request for redetermination within 30 days from the date of this letter as described above. Unless you show us otherwise, we assume you received this letter 5 days after the date of this letter. Please send your request for redetermination to:

Novitas Solutions, Inc. - 935 APPEALS REDETERMINATION
PO Box 3110
Mechanicsburg, PA 17055-1826

If you have filed a bankruptcy petition:

If you have filed a bankruptcy petition or are involved in a bankruptcy proceeding, Medicare financial obligations will be resolved in accordance with the applicable bankruptcy process. Accordingly, we request that you immediately notify us about this bankruptcy so that we may coordinate with both the Centers for Medicare & Medicaid Services and the Department of Justice so as to assure that we handle your situation properly. If possible, when notifying us about the bankruptcy please include the name the bankruptcy is filed under and the district where the bankruptcy is filed.

Should you have any questions, please contact your overpayment consultant at the following:

Provider - Part B: 855-252-8782

Part B Extended Repayment Request: 855-252-8782

Part B Immediate Recoupment - Fax: 717-728-8728

We look forward to hearing from you shortly.

Sincerely,

Medicare Part B
Recovery Unit

Enclosure: How This Overpayment Was Determined

Invoice Number: 456713324901362

Claim No.	Beneficiary Name	HIC No.	Service Date From	Service Date To	Amount Overpaid	Paid Date	Performing Provider No.
453210277714190	ISABEL D RODRIGUEZ	449600336D6	09/30/2010	09/30/2010	\$346.22	10/15/2010	1295849743

Reason for Overpayment: Based on Medicare guidelines, the service(s) on the original claim was not considered medically necessary. This decision is based on either the documentation that was submitted or the failure by the physician/supplier to furnish information that was requested to support the claim. Therefore, payment was made to you in error.



MEDICARE
A Medicare Contractor

Letter Number: 13142285

Date: 12/04/2013

ANDRES GARCIA
5916 W 34TH ST
STE K
HOUSTON, TX 770926424

FIRST REQUEST

RE : MMA 935 - Overpayment Amount
Provider Name: ANDRES GARCIA
Provider Number: 1295849743
Outstanding Balance: \$17,849.66

Dear Sir/Madam,

This is to inform you that you have received a Medicare payment in error which has resulted in an overpayment in the amount of \$17,849.66. The purpose of our letter is to request that this amount be repaid to our office. The attached listing explains how this happened.

Why you are responsible:

You are responsible for being aware of correct claim filing procedures. In this situation, you billed and/or received payment for services you should have known you were not entitled to. Therefore, you are not without fault and are responsible for repaying the overpayment amount. If you dispute this determination please follow the appropriate appeals process listed below. Applicable authorities: Section 1870(b)(c) of the Social Security Act; Subsections 405.350 - 405.359 of Title 42 CFR, Subsections 404.506 - 404.509, 404.510a and 404.512 of Title 20 of the United States Code of Federal Regulations and 20 CFR.

What you should do:

Please return the overpaid amount to us by 01/02/2014 and no interest charge will be assessed.

We request that you refund this amount in full. If you are unable to make refund of the entire amount at this time, advise this office immediately so that we may determine if you are eligible

Novitas Solutions, Inc.
PO Box 3063, Mechanicsburg, PA 17055-1806
www.novitas-solutions.com



for a repayment plan. Any repayment plan (where one is approved) would run from the date of this letter.

Make the check payable to Medicare Part B and send it with a copy of this letter to:

Novitas Solutions, Inc.
ATTN: Cashier
PO Box 3106
Mechanicsburg, PA 17055-1822

You may elect to have your overpayment(s) repaid through the immediate recoupment process and avoid paying by check or waiting for the standard recoupment process that begins on day 41 from date of the initial demand letter. A request for immediate recoupment must be received in writing no later than the 16th day from the date of initial demand letter. You must specify whether you are submitting:

1. A one-time request for the current overpayment and all future overpayments, or
2. A request for the current overpayment addressed in this demand letter only.

This process is voluntary and for your convenience. Your request must specifically state you understand you are waiving potential receipt of interest payment pursuant to Section 1893(f)(2) for the overpayments. Note: Such interest may be payable for certain overpayments reversed at the Administrative Law Judge (ALJ) level or subsequent levels of appeal.

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have 15 days from the date of this demand letter to submit a statement of opportunity to rebuttal. The rebuttal process provides the debtor the opportunity to submit a statement and/or evidence stating why recoupment should not be initiated. The outcome of the rebuttal process could change how or if we recoup. If you have reason to believe the withhold should not occur on **01/13/2014**, you must notify this office before **12/18/2013**. We will review your documentation. Our office will advise you of our decision in 15 days from receipt of your request. However, this is not an appeal of the overpayment determination, and it will not delay recoupment before a rebuttal response has been rendered.

The rebuttal statement does not cease recoupment activities consistent with section 935 of the MMA.

How to Stop Recoupment:

Even if the overpayment and any assessed interest has not been paid in full you can stop Medicare from recouping any payments. If you act quickly and decidedly, Medicare will permit providers to **stop recoupment** at two points. The first occurs if we receive a valid and timely request for a redetermination within 30 days from the date of this letter. We will stop or delay recoupment pending the results of the appeal.

We will again stop recoupment if, following an **unfavorable or partially favorable redetermination** decision if you decide to act quickly and file a valid request for reconsideration with the Qualified Independent Contractor (QIC). The address and details on how to file a request for reconsideration will be included in the redetermination decision letter.

What are the timeframes to stop recoupment:

First Opportunity: To assist us in expeditiously stopping the recoupment process, we request that you clearly indicate on your appeal request that this is a 935 overpayment appeal for a redetermination to:

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Mechanicsburg, PA 17055-1826

Second Opportunity: If the redetermination decision is 1) **unfavorable** we can begin to recoup no earlier than the **60th day** from the date of the Medicare redetermination notice (Medicare Appeal Decision Letter), or 2) if the decision is **partially favorable** we can begin to recoup no earlier than the 60th day from the date of the Medicare revised overpayment Notice/Revised Demand Letter. Therefore, it is important to act quickly and decidedly to limit recoupment by requesting a valid and timely reconsideration within 60 days of the appropriate notice/letter. The address and details on how to file a request for reconsideration will be included in the redetermination decision letter.

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Following decision or dismissal by the QIC, if the debt has not been paid in full, we will begin or resume recoupment whether or not you appeal to the next level of Administrative Law Judge (ALJ).

NOTE: Even when recoupment is stopped, interest continues to accrue.

Interest Assessment:

If you do not refund in 30 days: In accordance with 42 CFR 405.378 simple interest at the rate of 10.125 percent will be charged on the unpaid balance of the overpayment beginning on the 31st day. Interest is calculated in 30-day periods and is assessed for each full 30-day period that payment is not made on time. Thus, if payment is received 31 days from the date of final determination, one 30-day period of interest will be charged. Each payment will be applied first to accrued interest and then to principal. After each payment interest will continue to accrue on the remaining principal balance, at the rate of 10.125 percent. In addition, please note that Medicare rules require that payment be either received in our office by 01/02/2014 or use the United States Postal Service Postmark by that date for the payment to be considered timely. A metered mail postmark received in our office after 01/02/2014 will cause an additional month's interest to be assessed on the debt.

Medicaid Offset:

If this matter is not resolved, CMS may instruct the Medicaid State Agency to withhold the Federal share of any Medicaid payments that may be due you or related facilities until the full amount owed Medicare is recouped, Title 42 CFR, Section 447.30(g). These recoveries will be in addition to any recoupments from other Medicare funds due you until the full amount owed to Medicare is recovered.

If you wish to appeal this decision:

If you disagree with this overpayment decision, you may file an appeal. An appeal is a review performed by people independent of those who have reviewed your claim so far. The first level of appeal is called a redetermination. You must file your request for a redetermination within 120 days from the date of this letter. However, if you wish to avoid recoupment from occurring, you need to file your request for redetermination within 30 days from the date of this letter as described above. Unless you show us otherwise, we assume you received this letter 5 days after the date of this letter. Please send your request for redetermination to:

Novitas Solutions, Inc. - 935 APPEALS REDETERMINATION
PO Box 3110
Mechanicsburg, PA 17055-1826

If you have filed a bankruptcy petition:

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Date : 12/04/2013

Letter Number : 13142285

If you have filed a bankruptcy petition or are involved in a bankruptcy proceeding, Medicare financial obligations will be resolved in accordance with the applicable bankruptcy process. Accordingly, we request that you immediately notify us about this bankruptcy so that we may coordinate with both the Centers for Medicare & Medicaid Services and the Department of Justice so as to assure that we handle your situation properly. If possible, when notifying us about the bankruptcy please include the name the bankruptcy is filed under and the district where the bankruptcy is filed.

Should you have any questions, please contact your overpayment consultant at the following:

Provider - Part B: 855-252-8782

Part B Extended Repayment Request: 855-252-8782

Part B Immediate Recoupment - Fax: 717-728-8728

We look forward to hearing from you shortly.

Sincerely,

Medicare Part B
Recovery Unit

Enclosure: How This Overpayment Was Determined

Invoice Number: 4557133249000679

Claim No.	Beneficiary Name	HIC No.	Service Date From	Service Date To	Amount Overpaid	Paid Date	Performing Provider No.
452210260316530	ISABEL D RODRIGUEZ	449600336D6	09/14/2010	09/14/2010	\$324.24	10/01/2010	1295849743

Reason for Overpayment: Based on Medicare guidelines, the service(s) on the original claim was not considered medically necessary. This decision is based on either the documentation that was submitted or the failure by the physician/supplier to furnish information that was requested to support the claim. Therefore, payment was made to you in error.

Invoice Number: 4557133249000686

Claim No.	Beneficiary Name	HIC No.	Service Date From	Service Date To	Amount Overpaid	Paid Date	Performing Provider No.
452210260316540	ISABEL D RODRIGUEZ	449600336D6	09/14/2010	09/14/2010	\$346.22	10/01/2010	1295849743

Reason for Overpayment: Based on Medicare guidelines, the service(s) on the original claim was not considered medically necessary. This decision is based on either the documentation that was submitted or the failure by the physician/supplier to furnish information that was requested to support the claim. Therefore, payment was made to you in error.

Invoice Number: 4557133249000688

Claim No.	Beneficiary Name	HIC No.	Service Date From	Service Date To	Amount Overpaid	Paid Date	Performing Provider No.
452210264213280	ISABEL D RODRIGUEZ	449600336D6	09/17/2010	09/17/2010	\$346.22	10/05/2010	1295849743

Reason for Overpayment: Based on Medicare guidelines, the service(s) on the original claim was not considered medically necessary. This decision is based on either the documentation that was submitted or the failure by the physician/supplier to furnish information that was requested to support the claim. Therefore, payment was made to you in error.

Invoice Number: 455713324900692

Claim No.	Beneficiary Name	HIC No.	Service Date From	Service Date To	Amount Overpaid	Paid Date	Performing Provider No.
452210264213340	ISABEL D RODRIGUEZ	449600336D6	09/17/2010	09/17/2010	\$335.23	10/05/2010	1295849743

Reason for Overpayment: Based on Medicare guidelines, the service(s) on the original claim was not considered medically necessary. This decision is based on either the documentation that was submitted or the failure by the physician/supplier to furnish information that was requested to support the claim. Therefore, payment was made to you in error.

Invoice Number: 455713324900699

Claim No.	Beneficiary Name	HIC No.	Service Date From	Service Date To	Amount Overpaid	Paid Date	Performing Provider No.
452210265024470	ISABEL D RODRIGUEZ	449600336D6	09/16/2010	09/16/2010	\$335.23	10/06/2010	1295849743

Reason for Overpayment: Based on Medicare guidelines, the service(s) on the original claim was not considered medically necessary. This decision is based on either the documentation that was submitted or the failure by the physician/supplier to furnish information that was requested to support the claim. Therefore, payment was made to you in error.

Invoice Number: 455713324900704

Claim No.	Beneficiary Name	HIC No.	Service Date From	Service Date To	Amount Overpaid	Paid Date	Performing Provider No.
452210265024510	ISABEL D RODRIGUEZ	449600336D6	09/20/2010	09/20/2010	\$335.23	10/06/2010	1295849743

Reason for Overpayment: Based on Medicare guidelines, the service(s) on the original claim was not considered medically necessary. This decision is based on either the documentation that was submitted or the failure by the physician/supplier to furnish information that was requested to support the claim. Therefore, payment was made to you in error.

Invoice Number: 455713324900694

Claim No.	Beneficiary Name	HIC No.	Service Date From	Service Date To	Amount Overpaid	Paid Date	Performing Provider No.
452210265024460	ISABEL D RODRIGUEZ	449600336D6	09/21/2010	09/21/2010	\$335.23	10/06/2010	1295849743

Reason for Overpayment: Based on Medicare guidelines, the service(s) on the original claim was not considered medically necessary. This decision is based on either the documentation that was submitted or the failure by the physician/supplier to furnish information that was requested to support the claim. Therefore, payment was made to you in error.

Invoice Number: 455713324900799

Claim No.	Beneficiary Name	HIC No.	Service Date From	Service Date To	Amount Overpaid	Paid Date	Performing Provider No.
452810211561020	ISABEL D RODRIGUEZ	449600336D6	07/26/2010	07/26/2010	\$346.22	08/13/2010	1295849743

Reason for Overpayment: Based on Medicare guidelines, the service(s) on the original claim was not considered medically necessary. This decision is based on either the documentation that was submitted or the failure by the physician/supplier to furnish information that was requested to support the claim. Therefore, payment was made to you in error.

Invoice Number: 455713324900808

Claim No.	Beneficiary Name	HIC No.	Service Date From	Service Date To	Amount Overpaid	Paid Date	Performing Provider No.
452810211561070	ISABEL D RODRIGUEZ	449600336D6	07/26/2010	07/26/2010	\$346.22	08/13/2010	1295849743

Reason for Overpayment: Based on Medicare guidelines, the service(s) on the original claim was not considered medically necessary. This decision is based on either the documentation that was submitted or the failure by the physician/supplier to furnish information that was requested to support the claim. Therefore, payment was made to you in error.

Invoice Number: 455713324900785

Claim No.	Beneficiary Name	HIC No.	Service Date From	Service Date To	Amount Overpaid	Paid Date	Performing Provider No.
452810211561010	ISABEL D RODRIGUEZ	449600336D6	07/27/2010	07/27/2010	\$346.22	08/13/2010	1295849743

Reason for Overpayment: Based on Medicare guidelines, the service(s) on the original claim was not considered medically necessary. This decision is based on either the documentation that was submitted or the failure by the physician/supplier to furnish information that was requested to support the claim. Therefore, payment was made to you in error.

Invoice Number: 455713324900804

Claim No.	Beneficiary Name	HIC No.	Service Date From	Service Date To	Amount Overpaid	Paid Date	Performing Provider No.
452810211561050	ISABEL D RODRIGUEZ	449600336D6	07/27/2010	07/27/2010	\$346.22	08/13/2010	1295849743

Reason for Overpayment: Based on Medicare guidelines, the service(s) on the original claim was not considered medically necessary. This decision is based on either the documentation that was submitted or the failure by the physician/supplier to furnish information that was requested to support the claim. Therefore, payment was made to you in error.

Invoice Number: 455713324900750

Claim No.	Beneficiary Name	HIC No.	Service Date From	Service Date To	Amount Overpaid	Paid Date	Performing Provider No.
455810224017930	ISABEL D RODRIGUEZ	449600336D6	06/01/2010	06/01/2010	\$368.21	09/16/2010	1295849743

Reason for Overpayment: Based on Medicare guidelines, the service(s) on the original claim was not considered medically necessary. This decision is based on either the documentation that was submitted or the failure by the physician/supplier to furnish information that was requested to support the claim. Therefore, payment was made to you in error.

Invoice Number: 455713324900769

Claim No.	Beneficiary Name	HIC No.	Service Date From	Service Date To	Amount Overpaid	Paid Date	Performing Provider No.
455810224017980	ISABEL D RODRIGUEZ	449600336D6	06/01/2010	06/01/2010	\$346.22	09/16/2010	1295849743

Reason for Overpayment: Based on Medicare guidelines, the service(s) on the original claim was not considered medically necessary. This decision is based on either the documentation that was submitted or the failure by the physician/supplier to furnish information that was requested to support the claim. Therefore, payment was made to you in error.

Invoice Number: 455713324900761

Claim No.	Beneficiary Name	HIC No.	Service Date From	Service Date To	Amount Overpaid	Paid Date	Performing Provider No.
455810224017970	ISABEL D RODRIGUEZ	449600336D6	06/02/2010	06/02/2010	\$384.69	09/16/2010	1295849743

Reason for Overpayment: Based on Medicare guidelines, the service(s) on the original claim was not considered medically necessary. This decision is based on either the documentation that was submitted or the failure by the physician/supplier to furnish information that was requested to support the claim. Therefore, payment was made to you in error.

Invoice Number: 455713324900778

Claim No.	Beneficiary Name	HIC No.	Service Date From	Service Date To	Amount Overpaid	Paid Date	Performing Provider No.
455810224018050	ISABEL D RODRIGUEZ	449600336D6	06/02/2010	06/02/2010	\$384.69	09/16/2010	1295849743

Reason for Overpayment: Based on Medicare guidelines, the service(s) on the original claim was not considered medically necessary. This decision is based on either the documentation that was submitted or the failure by the physician/supplier to furnish information that was requested to support the claim. Therefore, payment was made to you in error.

Invoice Number: 455713324900708

Claim No.	Beneficiary Name	HIC No.	Service Date From	Service Date To	Amount Overpaid	Paid Date	Performing Provider No.
455810223521680	ISABEL D RODRIGUEZ	449600336D6	05/06/2010	05/06/2010	\$324.24	09/16/2010	1295849743

Reason for Overpayment: Based on Medicare guidelines, the service(s) on the original claim was not considered medically necessary. This decision is based on either the documentation that was submitted or the failure by the physician/supplier to furnish information that was requested to support the claim. Therefore, payment was made to you in error.

Invoice Number: 455713324900733

Claim No.	Beneficiary Name	HIC No.	Service Date From	Service Date To	Amount Overpaid	Paid Date	Performing Provider No.
455810223521770	ISABEL D RODRIGUEZ	449600336D6	05/06/2010	05/06/2010	\$324.24	09/16/2010	1295849743

Reason for Overpayment: Based on Medicare guidelines, the service(s) on the original claim was not considered medically necessary. This decision is based on either the documentation that was submitted or the failure by the physician/supplier to furnish information that was requested to support the claim. Therefore, payment was made to you in error.

Invoice Number: 455713324900725

Claim No.	Beneficiary Name	HIC No.	Service Date From	Service Date To	Amount Overpaid	Paid Date	Performing Provider No.
455810223521740	ISABEL D RODRIGUEZ	449600336D6	05/10/2010	05/10/2010	\$346.22	09/16/2010	1295849743

Reason for Overpayment: Based on Medicare guidelines, the service(s) on the original claim was not considered medically necessary. This decision is based on either the documentation that was submitted or the failure by the physician/supplier to furnish information that was requested to support the claim. Therefore, payment was made to you in error.

Invoice Number: 455713324900735

Claim No.	Beneficiary Name	HIC No.	Service Date From	Service Date To	Amount Overpaid	Paid Date	Performing Provider No.
455810223521780	ISABEL D RODRIGUEZ	449600336D6	05/10/2010	05/10/2010	\$346.22	09/16/2010	1295849743

Reason for Overpayment: Based on Medicare guidelines, the service(s) on the original claim was not considered medically necessary. This decision is based on either the documentation that was submitted or the failure by the physician/supplier to furnish information that was requested to support the claim. Therefore, payment was made to you in error.

Invoice Number: 455713324900744

Claim No.	Beneficiary Name	HIC No.	Service Date From	Service Date To	Amount Overpaid	Paid Date	Performing Provider No.
455810223585680	ISABEL D RODRIGUEZ	449600336D6	05/17/2010	05/17/2010	\$351.72	09/16/2010	1295849743

Reason for Overpayment: Based on Medicare guidelines, the service(s) on the original claim was not considered medically necessary. This decision is based on either the documentation that was submitted or the failure by the physician/supplier to furnish information that was requested to support the claim. Therefore, payment was made to you in error.

Invoice Number: 455713324900782

Claim No.	Beneficiary Name	HIC No.	Service Date From	Service Date To	Amount Overpaid	Paid Date	Performing Provider No.
455810224018090	ISABEL D RODRIGUEZ	449600336D6	05/24/2010	05/24/2010	\$340.73	09/16/2010	1295849743

Reason for Overpayment: Based on Medicare guidelines, the service(s) on the original claim was not considered medically necessary. This decision is based on either the documentation that was submitted or the failure by the physician/supplier to furnish information that was requested to support the claim. Therefore, payment was made to you in error.

Invoice Number: 455713324900747

Claim No.	Beneficiary Name	HIC No.	Service Date From	Service Date To	Amount Overpaid	Paid Date	Performing Provider No.
455810224017910	ISABEL D RODRIGUEZ	449600336D6	05/26/2010	05/26/2010	\$346.22	09/16/2010	1295849743

Reason for Overpayment: Based on Medicare guidelines, the service(s) on the original claim was not considered medically necessary. This decision is based on either the documentation that was submitted or the failure by the physician/supplier to furnish information that was requested to support the claim. Therefore, payment was made to you in error.

Invoice Number: 455713324900758

Claim No.	Beneficiary Name	HIC No.	Service Date From	Service Date To	Amount Overpaid	Paid Date	Performing Provider No.
455810224017960	ISABEL D RODRIGUEZ	449600336D6	05/26/2010	05/26/2010	\$351.72	09/16/2010	1295849743

Reason for Overpayment: Based on Medicare guidelines, the service(s) on the original claim was not considered medically necessary. This decision is based on either the documentation that was submitted or the failure by the physician/supplier to furnish information that was requested to support the claim. Therefore, payment was made to you in error.

Invoice Number: 455713324900755

Claim No.	Beneficiary Name	HIC No.	Service Date From	Service Date To	Amount Overpaid	Paid Date	Performing Provider No.
455810224017940	ISABEL D RODRIGUEZ	449600336D6	05/27/2010	05/27/2010	\$368.21	09/16/2010	1295849743

Reason for Overpayment: Based on Medicare guidelines, the service(s) on the original claim was not considered medically necessary. This decision is based on either the documentation that was submitted or the failure by the physician/supplier to furnish information that was requested to support the claim. Therefore, payment was made to you in error.

Invoice Number: 455713324900737

Claim No.	Beneficiary Name	HIC No.	Service Date From	Service Date To	Amount Overpaid	Paid Date	Performing Provider No.
455810223585650	ISABEL D RODRIGUEZ	449600336D6	05/17/2010	05/17/2010	\$615.50	10/27/2010	1295849743

Reason for Overpayment: Based on Medicare guidelines, the service(s) on the original claim was not considered medically necessary. This decision is based on either the documentation that was submitted or the failure by the physician/supplier to furnish information that was requested to support the claim. Therefore, payment was made to you in error.

Invoice Number: 455713324900809

Claim No.	Beneficiary Name	HIC No.	Service Date From	Service Date To	Amount Overpaid	Paid Date	Performing Provider No.
452810257407960	ISABEL D RODRIGUEZ	449600336D6	09/09/2010	09/09/2010	\$324.24	09/28/2010	1295849743

Reason for Overpayment: Based on Medicare guidelines, the service(s) on the original claim was not considered medically necessary. This decision is based on either the documentation that was submitted or the failure by the physician/supplier to furnish information that was requested to support the claim. Therefore, payment was made to you in error.

Invoice Number: 455713324900811

Claim No.	Beneficiary Name	HIC No.	Service Date From	Service Date To	Amount Overpaid	Paid Date	Performing Provider No.
452810257407970	ISABEL D RODRIGUEZ	449600336D6	09/09/2010	09/09/2010	\$340.73	09/28/2010	1295849743

Reason for Overpayment: Based on Medicare guidelines, the service(s) on the original claim was not considered medically necessary. This decision is based on either the documentation that was submitted or the failure by the physician/supplier to furnish information that was requested to support the claim. Therefore, payment was made to you in error.

Invoice Number: 455713324900663

Claim No.	Beneficiary Name	HIC No.	Service Date From	Service Date To	Amount Overpaid	Paid Date	Performing Provider No.
452210259281590	ISABEL D RODRIGUEZ	449600336D6	09/10/2010	09/10/2010	\$346.22	09/30/2010	1295849743

Reason for Overpayment: Based on Medicare guidelines, the service(s) on the original claim was not considered medically necessary. This decision is based on either the documentation that was submitted or the failure by the physician/supplier to furnish information that was requested to support the claim. Therefore, payment was made to you in error.

Invoice Number: 455713324900667

Claim No.	Beneficiary Name	HIC No.	Service Date From	Service Date To	Amount Overpaid	Paid Date	Performing Provider No.
452210259281620	ISABEL D RODRIGUEZ	449600336D6	09/10/2010	09/10/2010	\$335.23	09/30/2010	1295849743

Reason for Overpayment: Based on Medicare guidelines, the service(s) on the original claim was not considered medically necessary. This decision is based on either the documentation that was submitted or the failure by the physician/supplier to furnish information that was requested to support the claim. Therefore, payment was made to you in error.

Invoice Number: 455713324900662

Claim No.	Beneficiary Name	HIC No.	Service Date From	Service Date To	Amount Overpaid	Paid Date	Performing Provider No.
452210259281550	ISABEL D RODRIGUEZ	449600336D6	09/13/2010	09/13/2010	\$335.23	09/30/2010	1295849743

Reason for Overpayment: Based on Medicare guidelines, the service(s) on the original claim was not considered medically necessary. This decision is based on either the documentation that was submitted or the failure by the physician/supplier to furnish information that was requested to support the claim. Therefore, payment was made to you in error.

Invoice Number: 455713324900677

Claim No.	Beneficiary Name	HIC No.	Service Date From	Service Date To	Amount Overpaid	Paid Date	Performing Provider No.
452210259281650	ISABEL D RODRIGUEZ	449600336D6	09/13/2010	09/13/2010	\$335.23	09/30/2010	1295849743

Reason for Overpayment: Based on Medicare guidelines, the service(s) on the original claim was not considered medically necessary. This decision is based on either the documentation that was submitted or the failure by the physician/supplier to furnish information that was requested to support the claim. Therefore, payment was made to you in error.

Invoice Number: 455713324900659

Claim No.	Beneficiary Name	HIC No.	Service Date From	Service Date To	Amount Overpaid	Paid Date	Performing Provider No.
452210259281430	ISABEL D RODRIGUEZ	449600336D6	09/15/2010	09/15/2010	\$335.23	09/30/2010	1295849743

Reason for Overpayment: Based on Medicare guidelines, the service(s) on the original claim was not considered medically necessary. This decision is based on either the documentation that was submitted or the failure by the physician/supplier to furnish information that was requested to support the claim. Therefore, payment was made to you in error.

Invoice Number: 455713324900661

Claim No.	Beneficiary Name	HIC No.	Service Date From	Service Date To	Amount Overpaid	Paid Date	Performing Provider No.
452210259281440	ISABEL D RODRIGUEZ	449600336D6	09/15/2010	09/15/2010	\$340.73	09/30/2010	1295849743

Reason for Overpayment: Based on Medicare guidelines, the service(s) on the original claim was not considered medically necessary. This decision is based on either the documentation that was submitted or the failure by the physician/supplier to furnish information that was requested to support the claim. Therefore, payment was made to you in error.

Invoice Number: 455713324900665

Claim No.	Beneficiary Name	HIC No.	Service Date From	Service Date To	Amount Overpaid	Paid Date	Performing Provider No.
452210259281600	ISABEL D RODRIGUEZ	449600336D6	09/16/2010	09/16/2010	\$324.24	09/30/2010	1295849743

Reason for Overpayment: Based on Medicare guidelines, the service(s) on the original claim was not considered medically necessary. This decision is based on either the documentation that was submitted or the failure by the physician/supplier to furnish information that was requested to support the claim. Therefore, payment was made to you in error.

Invoice Number: 455713324900775

Claim No.	Beneficiary Name	HIC No.	Service Date From	Service Date To	Amount Overpaid	Paid Date	Performing Provider No.
455810224018000	ISABEL D RODRIGUEZ	449600336D6	05/27/2010	05/27/2010	\$368.21	09/16/2010	1295849743

Reason for Overpayment: Based on Medicare guidelines, the service(s) on the original claim was not considered medically necessary. This decision is based on either the documentation that was submitted or the failure by the physician/supplier to furnish information that was requested to support the claim. Therefore, payment was made to you in error.

Invoice Number: 455713324900773

Claim No.	Beneficiary Name	HIC No.	Service Date From	Service Date To	Amount Overpaid	Paid Date	Performing Provider No.
455810224017990	ISABEL D RODRIGUEZ	449600336D6	05/28/2010	05/28/2010	\$351.72	09/16/2010	1295849743

Reason for Overpayment: Based on Medicare guidelines, the service(s) on the original claim was not considered medically necessary. This decision is based on either the documentation that was submitted or the failure by the physician/supplier to furnish information that was requested to support the claim. Therefore, payment was made to you in error.

Invoice Number: 455713324900780

Claim No.	Beneficiary Name	HIC No.	Service Date From	Service Date To	Amount Overpaid	Paid Date	Performing Provider No.
455810224018070	ISABEL D RODRIGUEZ	449600336D6	05/28/2010	05/28/2010	\$401.18	09/16/2010	1295849743

Reason for Overpayment: Based on Medicare guidelines, the service(s) on the original claim was not considered medically necessary. This decision is based on either the documentation that was submitted or the failure by the physician/supplier to furnish information that was requested to support the claim. Therefore, payment was made to you in error.

Invoice Number: 455713324901365

Claim No.	Beneficiary Name	HIC No.	Service Date From	Service Date To	Amount Overpaid	Paid Date	Performing Provider No.
455810224292110	DOROTHEA C DIGGS	547117457A	05/20/2010	05/20/2010	\$357.21	09/16/2010	1295849743

Reason for Overpayment: Based on Medicare guidelines, the service(s) on the original claim was not considered medically necessary. This decision is based on either the documentation that was submitted or the failure by the physician/supplier to furnish information that was requested to support the claim. Therefore, payment was made to you in error.

Invoice Number: 455713324901374

Claim No.	Beneficiary Name	HIC No.	Service Date From	Service Date To	Amount Overpaid	Paid Date	Performing Provider No.
455810224292150	DOROTHEA C DIGGS	547117457A	05/20/2010	05/20/2010	\$357.21	09/16/2010	1295849743

Reason for Overpayment: Based on Medicare guidelines, the service(s) on the original claim was not considered medically necessary. This decision is based on either the documentation that was submitted or the failure by the physician/supplier to furnish information that was requested to support the claim. Therefore, payment was made to you in error.

Invoice Number: 455713324901379

Claim No.	Beneficiary Name	HIC No.	Service Date From	Service Date To	Amount Overpaid	Paid Date	Performing Provider No.
455810224292310	DOROTHEA C DIGGS	547117457A	05/21/2010	05/21/2010	\$291.26	09/16/2010	1295849743

Reason for Overpayment: Based on Medicare guidelines, the service(s) on the original claim was not considered medically necessary. This decision is based on either the documentation that was submitted or the failure by the physician/supplier to furnish information that was requested to support the claim. Therefore, payment was made to you in error.

Invoice Number: 455713324901380

Claim No.	Beneficiary Name	HIC No.	Service Date From	Service Date To	Amount Overpaid	Paid Date	Performing Provider No.
455810224292320	DOROTHEA C DIGGS	547117457A	05/21/2010	05/21/2010	\$291.26	09/16/2010	1295849743

Reason for Overpayment: Based on Medicare guidelines, the service(s) on the original claim was not considered medically necessary. This decision is based on either the documentation that was submitted or the failure by the physician/supplier to furnish information that was requested to support the claim. Therefore, payment was made to you in error.

Invoice Number: 455713324901375

Claim No.	Beneficiary Name	HIC No.	Service Date From	Service Date To	Amount Overpaid	Paid Date	Performing Provider No.
455810224292210	DOROTHEA C DIGGS	547117457A	05/24/2010	05/24/2010	\$368.21	09/16/2010	1295849743

Reason for Overpayment: Based on Medicare guidelines, the service(s) on the original claim was not considered medically necessary. This decision is based on either the documentation that was submitted or the failure by the physician/supplier to furnish information that was requested to support the claim. Therefore, payment was made to you in error.

Invoice Number: 455713324901378

Claim No.	Beneficiary Name	HIC No.	Service Date From	Service Date To	Amount Overpaid	Paid Date	Performing Provider No.
455810224292270	DOROTHEA C DIGGS	547117457A	05/24/2010	05/24/2010	\$368.21	09/16/2010	1295849743

Reason for Overpayment: Based on Medicare guidelines, the service(s) on the original claim was not considered medically necessary. This decision is based on either the documentation that was submitted or the failure by the physician/supplier to furnish information that was requested to support the claim. Therefore, payment was made to you in error.

Invoice Number: 455713324900628

Claim No.	Beneficiary Name	HIC No.	Service Date From	Service Date To	Amount Overpaid	Paid Date	Performing Provider No.
452210246372760	ISABEL D RODRIGUEZ	449600336D6	09/02/2010	09/02/2010	\$362.71	09/17/2010	1295849743

Reason for Overpayment: Based on Medicare guidelines, the service(s) on the original claim was not considered medically necessary. This decision is based on either the documentation that was submitted or the failure by the physician/supplier to furnish information that was requested to support the claim. Therefore, payment was made to you in error.

Invoice Number: 455713324900629

Claim No.	Beneficiary Name	HIC No.	Service Date From	Service Date To	Amount Overpaid	Paid Date	Performing Provider No.
452210246372780	ISABEL D RODRIGUEZ	449600336D6	09/02/2010	09/02/2010	\$351.72	09/17/2010	1295849743

Reason for Overpayment: Based on Medicare guidelines, the service(s) on the original claim was not considered medically necessary. This decision is based on either the documentation that was submitted or the failure by the physician/supplier to furnish information that was requested to support the claim. Therefore, payment was made to you in error.

Invoice Number: 455713324900631

Claim No.	Beneficiary Name	HIC No.	Service Date From	Service Date To	Amount Overpaid	Paid Date	Performing Provider No.
452210246372800	ISABEL D RODRIGUEZ	449600336D6	08/24/2010	08/24/2010	\$346.22	09/17/2010	1295849743

Reason for Overpayment: Based on Medicare guidelines, the service(s) on the original claim was not considered medically necessary. This decision is based on either the documentation that was submitted or the failure by the physician/supplier to furnish information that was requested to support the claim. Therefore, payment was made to you in error.

Invoice Number: 455713324900633

Claim No.	Beneficiary Name	HIC No.	Service Date From	Service Date To	Amount Overpaid	Paid Date	Performing Provider No.
452210246372860	ISABEL D RODRIGUEZ	449600336D6	08/24/2010	08/24/2010	\$346.22	09/17/2010	1295849743

Reason for Overpayment: Based on Medicare guidelines, the service(s) on the original claim was not considered medically necessary. This decision is based on either the documentation that was submitted or the failure by the physician/supplier to furnish information that was requested to support the claim. Therefore, payment was made to you in error.

Invoice Number: 455713324900707

Claim No.	Beneficiary Name	HIC No.	Service Date From	Service Date To	Amount Overpaid	Paid Date	Performing Provider No.
452211125074380	ISABEL D RODRIGUEZ	449600336D6	09/24/2010	09/24/2010	\$324.24	05/19/2011	1295849743

Reason for Overpayment: Based on Medicare guidelines, the service(s) on the original claim was not considered medically necessary. This decision is based on either the documentation that was submitted or the failure by the physician/supplier to furnish information that was requested to support the claim. Therefore, payment was made to you in error.

Invoice Number: 455713324900654

Claim No.	Beneficiary Name	HIC No.	Service Date From	Service Date To	Amount Overpaid	Paid Date	Performing Provider No.
452210252426540	ISABEL D RODRIGUEZ	449600336D6	09/08/2010	09/08/2010	\$335.23	09/23/2010	1295849743

Reason for Overpayment: Based on Medicare guidelines, the service(s) on the original claim was not considered medically necessary. This decision is based on either the documentation that was submitted or the failure by the physician/supplier to furnish information that was requested to support the claim. Therefore, payment was made to you in error.

Invoice Number: 4557133249000655

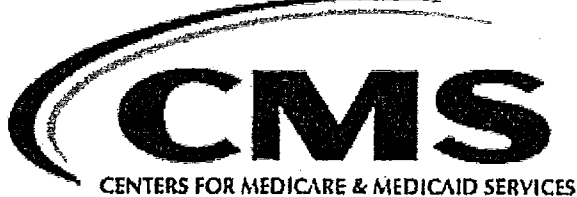
Claim No.	Beneficiary Name	HIC No.	Service Date From	Service Date To	Amount Overpaid	Paid Date	Performing Provider No.
452210252426550	ISABEL D RODRIGUEZ	449600336D6	09/08/2010	09/08/2010	\$335.23	09/23/2010	1295849743

Reason for Overpayment: Based on Medicare guidelines, the service(s) on the original claim was not considered medically necessary. This decision is based on either the documentation that was submitted or the failure by the physician/supplier to furnish information that was requested to support the claim. Therefore, payment was made to you in error.

Invoice Number: 4557133249000657

Claim No.	Beneficiary Name	HIC No.	Service Date From	Service Date To	Amount Overpaid	Paid Date	Performing Provider No.
452210252426560	ISABEL D RODRIGUEZ	449600336D6	08/31/2010	08/31/2010	\$335.23	09/23/2010	1295849743

Reason for Overpayment: Based on Medicare guidelines, the service(s) on the original claim was not considered medically necessary. This decision is based on either the documentation that was submitted or the failure by the physician/supplier to furnish information that was requested to support the claim. Therefore, payment was made to you in error.



MEDICARE
A Medicare Contractor

Letter Number: 14823716

Date: 10/27/2014

ANDRES GARCIA
5916 W 34TH ST
STE K
HOUSTON, TX 770926424

FIRST REQUEST

RE : MMA 935 - Overpayment Amount
Provider Name: ANDRES GARCIA
Provider Number: 1457619793
Outstanding Balance: \$112,690.72

Dear Sir/Madam,

This is to inform you that you have received a Medicare payment in error which has resulted in an overpayment of \$112,690.72. This amount is subject to Section 935(f)(2) of the Medicare Modernization Act (MMA) (Section 1893(f)(2) of the Social Security Act), Limitation on Recoupment. The purpose of our letter is to request that this amount be repaid to our office. The attached listing explains how this happened.

Why you are responsible:

You are responsible for being aware of correct claim filing procedures. In this situation, you billed and/or received payment for services you should have known you were not entitled to. Therefore, you are not without fault and are responsible for repaying the overpayment amount. If you dispute this determination please follow the appropriate appeals process listed below. Applicable authorities: Section 1870(b)(c) of the Social Security Act; Subsections 405.350 - 405.359 of Title 42 CFR, Subsections 404.506 - 404.509, 404.510a and 404.512 of Title 20 of the United States Code of Federal Regulations and 20 CFR.

What you should do:

Please return the overpaid amount to us by 11/25/2014 and no interest charge will be assessed.

We request that you refund this amount in full. If you are unable to make refund of the entire

Novitas Solutions, Inc.
PO Box 3063, Mechanicsburg, PA 17055-1806
www.novitas-solutions.com



amount at this time, advise this office immediately so that we may determine if you are eligible for a repayment plan. Any repayment plan (where one is approved) would run from the date of this letter.

Make the check payable to Medicare Part B and send it with a copy of this letter to:

Novitas Solutions, Inc.
ATTN: Cashier
PO Box 3106
Mechanicsburg, PA 17055-1822

You may elect to have your overpayment(s) repaid through the immediate recoupment process and avoid paying by check or waiting for the standard recoupment process that begins on day 41 from date of the initial demand letter. A request for immediate recoupment must be received in writing no later than the 16th day from the date of initial demand letter. You must specify whether you are submitting:

1. A one-time request for the current overpayment and all future overpayments, or
2. A request for the current overpayment addressed in this demand letter only.

This process is voluntary and for your convenience. Your request must specifically state you understand you are waiving potential receipt of interest payment pursuant to Section 1893(f)(2) for the overpayments. Note: Such interest may be payable for certain overpayments reversed at the Administrative Law Judge (ALJ) level or subsequent levels of appeal.

Visit our website at www.novitas-solutions.com for additional information and instructions for Immediate Recoupment.

You may fax your request to the number mentioned at the end of this letter.

Payment Withholding:

If payment in full is not received by 11/25/2014, payments to you can be withheld (Recoupment) until payment in full is received or if you have not submitted an acceptable extended repayment request and/or a valid and timely appeal is received.

Please complete an extended repayment schedule (ERS) package if you are unable to make full payment at this time, and would like to request an ERS. Details for completing the ERS package are included on our Website at www.novitas-solutions.com. If you would like to receive an ERS package by mail, please call the telephone number listed at the end of this letter.

Rebuttal Process:

Under our existing regulations 42 CFR section 405.374, Providers and other Suppliers will have 15 days from the date of this demand letter to submit a statement of opportunity to rebuttal. The rebuttal process provides the debtor the opportunity to submit a statement and/or evidence stating why recoupment should not be initiated. The outcome of the rebuttal process could change how or if we recoup. If you have reason to believe the withhold should not occur on 12/06/2014, you must notify this office before 11/10/2014. We will review your documentation. Our office will advise you of our decision in 15 days from receipt of your request. However, this is not an appeal of the overpayment determination, and it will not delay recoupment before a rebuttal response has been rendered.

The rebuttal statement does not cease recoupment activities consistent with section 935 of the MMA.

How to Stop Recoupment:

Even if the overpayment and any assessed interest has not been paid in full you can stop Medicare from recouping any payments. If you act quickly and decidedly, Medicare will permit providers to stop recoupment at two points. The first occurs if we receive a valid and timely request for a redetermination within 30 days from the date of this letter. We will stop or delay recoupment pending the results of the appeal.

We will again stop recoupment if, following an unfavorable or partially favorable redetermination decision if you decide to act quickly and file a valid request for reconsideration with the Qualified Independent Contractor (QIC). The address and details on how to file a request for reconsideration will be included in the redetermination decision letter.

What are the timeframes to stop recoupment:

First Opportunity: To assist us in expeditiously stopping the recoupment process, we request that you clearly indicate on your appeal request that this is a 935 overpayment appeal for a redetermination to:

Novitas Solutions, Inc. - 935 APPEALS REDETERMINATION
PO Box 3110
Mechanicsburg, PA 17055-1826

Second Opportunity: If the redetermination decision is 1) unfavorable we can begin to recoup no earlier than the 60th day from the date of the Medicare redetermination notice (Medicare Appeal Decision Letter), or 2) if the decision is partially favorable we can begin to recoup no earlier than the 60th day from the date of the Medicare revised overpayment Notice/Revised Demand Letter. Therefore, it is important to act quickly and decidedly to limit recoupment by requesting a valid and timely reconsideration within 60 days of the appropriate notice/letter. The address and details on how to file a request for reconsideration will be included in the redetermination decision letter.

What Happens following a reconsideration by a Qualified Independent Contractor (QIC):

Following decision or dismissal by the QIC, if the debt has not been paid in full, we will begin or resume recoupment whether or not you appeal to the next level of Administrative Law Judge (ALJ).

NOTE: Even when recoupment is stopped, interest continues to accrue.

Interest Assessment:

If you do not refund in 30 days: In accordance with 42 CFR 405.378 simple interest at the rate of 10.75 percent will be charged on the unpaid balance of the overpayment beginning on the 31st day. Interest is calculated in 30-day periods and is assessed for each full 30-day period that payment is not made on time. Thus, if payment is received 31 days from the date of final determination, one 30-day period of interest will be charged. Each payment will be applied first to accrued interest and then to principal. After each payment interest will continue to accrue on the remaining principal balance, at the rate of 10.75 percent. In addition, please note that Medicare rules require that payment be either received in our office by 11/25/2014 or use the United States Postal Service Postmark by that date for the payment to be considered timely. A metered mail postmark received in our office after 11/25/2014 will cause an additional month's interest to be assessed on the debt.

Medicaid Offset:

If this matter is not resolved, CMS may instruct the Medicaid State Agency to withhold the Federal share of any Medicaid payments that may be due you or related facilities until the full amount owed Medicare is recouped, Title 42 CFR, Section 447.30(g). These recoveries will be in addition to any recoupments from other Medicare funds due you until the full amount owed to Medicare is recovered.

If you wish to appeal this decision:

If you disagree with this overpayment decision, you may file an appeal. An appeal is a review performed by people independent of those who have reviewed your claim so far. The first level of appeal is called a redetermination. You must file your request for a redetermination within 120 days from the date of this letter. However, if you wish to avoid recoupment from occurring, you need to file your request for redetermination within 30 days from the date of this letter as described above. Unless you show us otherwise, we assume you received this letter 5 days after the date of this letter. Please send your request for redetermination to:

Novitas Solutions, Inc. - 935 APPEALS REDETERMINATION
PO Box 3110
Mechanicsburg, PA 17055-1826

If you have filed a bankruptcy petition:

If you have filed a bankruptcy petition or are involved in a bankruptcy proceeding, Medicare financial obligations will be resolved in accordance with the applicable bankruptcy process. Accordingly, we request that you immediately notify us about this bankruptcy so that we may coordinate with both the Centers for Medicare & Medicaid Services and the Department of Justice so as to assure that we handle your situation properly. If possible, when notifying us about the bankruptcy please include the name the bankruptcy is filed under and the district where the bankruptcy is filed.

Should you have any questions, please contact your overpayment consultant at the following:

Provider - Part B: 855-252-8782

Part B Extended Repayment Request: 855-252-8782

Part B Immediate Recoupment - Fax: 717-728-8728

We look forward to hearing from you shortly.

Sincerely,

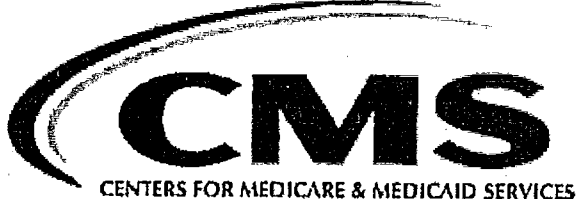
Medicare Part B
Recovery Unit

Enclosure: How This Overpayment Was Determined

Invoice Number: 44020265422

Claim No.	Beneficiary Name	HIC No.	Service Date From	Service Date To	Amount Overpaid	Paid Date	Provider No.
ZIPC Z04 CASE-ZEUS 796	VARIOUS	VARIOUS	02/01/2008	09/30/2011	\$112,690.72	03/25/2008	1457619793

Reason for Overpayment: The claim was processed incorrectly causing an overpayment to be made.



MEDICARE
A Medicare Contractor

Letter Number: 13133977

Date: 12/03/2013

ANDRES GARCIA
5916 W 34TH ST
STE K
HOUSTON, TX 770926424

FIRST REQUEST

RE : MMA 935 - Overpayment Amount
Provider Name: ANDRES GARCIA
Provider Number: 1295849743
Outstanding Balance: \$16,182.94

Dear Sir/Madam,

This is to inform you that you have received a Medicare payment in error which has resulted in an overpayment in the amount of \$16,182.94. The purpose of our letter is to request that this amount be repaid to our office. The attached listing explains how this happened.

Why you are responsible:

You are responsible for being aware of correct claim filing procedures. In this situation, you billed and/or received payment for services you should have known you were not entitled to. Therefore, you are not without fault and are responsible for repaying the overpayment amount. If you dispute this determination please follow the appropriate appeals process listed below. Applicable authorities: Section 1870(b)(c) of the Social Security Act; Subsections 405.350 - 405.359 of Title 42 CFR, Subsections 404.506 - 404.509, 404.510a and 404.512 of Title 20 of the United States Code of Federal Regulations and 20 CFR.

What you should do:

Please return the overpaid amount to us by 01/01/2014 and no interest charge will be assessed.

We request that you refund this amount in full. If you are unable to make refund of the entire amount at this time, advise this office immediately so that we may determine if you are eligible

Novitas Solutions, Inc.
PO Box 3063, Mechanicsburg, PA 17055-1806
www.novitas-solutions.com



for a repayment plan. Any repayment plan (where one is approved) would run from the date of this letter.

Make the check payable to Medicare Part B and send it with a copy of this letter to:

Novitas Solutions, Inc.
ATTN: Cashier
PO Box 3106
Mechanicsburg, PA 17055-1822

You may elect to have your overpayment(s) repaid through the immediate recoupment process and avoid paying by check or waiting for the standard recoupment process that begins on day 41 from date of the initial demand letter. A request for immediate recoupment must be received in writing no later than the 16th day from the date of initial demand letter. You must specify whether you are submitting:

1. A one-time request for the current overpayment and all future overpayments, or
2. A request for the current overpayment addressed in this demand letter only.

This process is voluntary and for your convenience. Your request must specifically state you understand you are waiving potential receipt of interest payment pursuant to Section 1893(f)(2) for the overpayments. Note: Such interest may be payable for certain overpayments reversed at the Administrative Law Judge (ALJ) level or subsequent levels of appeal.

Visit our website at www.novitas-solutions.com for additional information and instructions for Immediate Recoupment.

You may fax your request to the number mentioned at the end of this letter.

Payment Withholding:

If payment in full is not received by 01/01/2014, payments to you can be withheld (Recoupment) until payment in full is received or if you have not submitted an acceptable extended repayment request and/or a valid and timely appeal is received.

Please complete an extended repayment schedule (ERS) package if you are unable to make full payment at this time, and would like to request an ERS. Details for completing the ERS package are included on our Website at www.novitas-solutions.com. If you would like to receive an ERS package by mail, please call the telephone number listed at the end of this letter.

Rebuttal Process:

Under our existing regulations 42 CFR sections 405.374, Providers and other Suppliers will

have 15 days from the date of this demand letter to submit a statement of opportunity to rebuttal. The rebuttal process provides the debtor the opportunity to submit a statement and/or evidence stating why recoupment should not be initiated. The outcome of the rebuttal process could change how or if we recoup. If you have reason to believe the withhold should not occur on 01/12/2014, you must notify this office before 12/17/2013. We will review your documentation. Our office will advise you of our decision in 15 days from receipt of your request. However, this is not an appeal of the overpayment determination, and it will not delay recoupment before a rebuttal response has been rendered.

The rebuttal statement does not cease recoupment activities consistent with section 935 of the MMA.

How to Stop Recoupment:

Even if the overpayment and any assessed interest has not been paid in full you can stop Medicare from recouping any payments. If you act quickly and decidedly, Medicare will permit providers to **stop recoupment** at two points. The first occurs if we receive a valid and timely request for a redetermination within 30 days from the date of this letter. We will stop or delay recoupment pending the results of the appeal.

We will again stop recoupment if, following an **unfavorable or partially favorable redetermination** decision if you decide to act quickly and file a valid request for reconsideration with the Qualified Independent Contractor (QIC). The address and details on how to file a request for reconsideration will be included in the redetermination decision letter.

What are the timeframes to stop recoupment:

First Opportunity: To assist us in expeditiously stopping the recoupment process, we request that you clearly indicate on your appeal request that this is a 935 overpayment appeal for a redetermination to:

Novitas Solutions, Inc. - 935 APPEALS REDETERMINATION
PO Box 3110
Mechanicsburg, PA 17055-1826

Second Opportunity: If the redetermination decision is 1) **unfavorable** we can begin to recoup no earlier than the **60th day** from the date of the Medicare redetermination notice (Medicare Appeal Decision Letter), or 2) if the decision is **partially favorable** we can begin to recoup no earlier than the 60th day from the date of the Medicare revised overpayment Notice/Revised Demand Letter. Therefore, it is important to act quickly and decidedly to limit recoupment by requesting a valid and timely reconsideration within 60 days of the appropriate notice/letter. The address and details on how to file a request for reconsideration will be included in the redetermination decision letter.

What Happens following a reconsideration by a Qualified Independent Contractor (QIC):

Following decision or dismissal by the QIC, if the debt has not been paid in full, we will begin or resume recoupment whether or not you appeal to the next level of Administrative Law Judge (ALJ).

NOTE: Even when recoupment is stopped, interest continues to accrue.

Interest Assessment:

If you do not refund in 30 days: In accordance with 42 CFR 405.378 simple interest at the rate of 10.125 percent will be charged on the unpaid balance of the overpayment beginning on the 31st day. Interest is calculated in 30-day periods and is assessed for each full 30-day period that payment is not made on time. Thus, if payment is received 31 days from the date of final determination, one 30-day period of interest will be charged. Each payment will be applied first to accrued interest and then to principal. After each payment interest will continue to accrue on the remaining principal balance, at the rate of 10.125 percent. In addition, please note that Medicare rules require that payment be either received in our office by 01/01/2014 or use the United States Postal Service Postmark by that date for the payment to be considered timely. A metered mail postmark received in our office after 01/01/2014 will cause an additional month's interest to be assessed on the debt.

Medicaid Offset:

If this matter is not resolved, CMS may instruct the Medicaid State Agency to withhold the Federal share of any Medicaid payments that may be due you or related facilities until the full amount owed Medicare is recouped, Title 42 CFR, Section 447.30(g). These recoveries will be in addition to any recoupments from other Medicare funds due you until the full amount owed to Medicare is recovered.

If you wish to appeal this decision:

If you disagree with this overpayment decision, you may file an appeal. An appeal is a review performed by people independent of those who have reviewed your claim so far. The first level of appeal is called a redetermination. You must file your request for a redetermination within 120 days from the date of this letter. However, if you wish to avoid recoupment from occurring, you need to file your request for redetermination within 30 days from the date of this letter as described above. Unless you show us otherwise, we assume you received this letter 5 days after the date of this letter. Please send your request for redetermination to:

Novitas Solutions, Inc. - 935 APPEALS REDETERMINATION
PO Box 3110
Mechanicsburg, PA 17055-1826

If you have filed a bankruptcy petition:

Page 5

Date : 12/03/2013

Letter Number : 13133977

If you have filed a bankruptcy petition or are involved in a bankruptcy proceeding, Medicare financial obligations will be resolved in accordance with the applicable bankruptcy process. Accordingly, we request that you immediately notify us about this bankruptcy so that we may coordinate with both the Centers for Medicare & Medicaid Services and the Department of Justice so as to assure that we handle your situation properly. If possible, when notifying us about the bankruptcy please include the name the bankruptcy is filed under and the district where the bankruptcy is filed.

Should you have any questions, please contact your overpayment consultant at the following:

Provider - Part B: 855-252-8782

Part B Extended Repayment Request: 855-252-8782

Part B Immediate Recoupment - Fax: 717-728-8728

We look forward to hearing from you shortly.

Sincerely,

Medicare Part B
Recovery Unit

Enclosure: How This Overpayment Was Determined

Invoice Number: 455713324900476

Claim No.	Beneficiary Name	HIC No.	Service Date From	Service Date To	Amount Overpaid	Paid Date	Performing Provider No.
455810223410770	ISABEL D RODRIGUEZ	449600336D6	06/11/2010	06/11/2010	\$401.18	09/16/2010	1295849743

Reason for Overpayment: Based on Medicare guidelines, the service(s) on the original claim was not considered medically necessary. This decision is based on either the documentation that was submitted or the failure by the physician/supplier to furnish information that was requested to support the claim. Therefore, payment was made to you in error.

Invoice Number: 455713324900477

Claim No.	Beneficiary Name	HIC No.	Service Date From	Service Date To	Amount Overpaid	Paid Date	Performing Provider No.
455810223410780	ISABEL D RODRIGUEZ	449600336D6	06/11/2010	06/11/2010	\$401.18	09/16/2010	1295849743

Reason for Overpayment: Based on Medicare guidelines, the service(s) on the original claim was not considered medically necessary. This decision is based on either the documentation that was submitted or the failure by the physician/supplier to furnish information that was requested to support the claim. Therefore, payment was made to you in error.

Invoice Number: 455713324488010

Claim No.	Beneficiary Name	HIC No.	Service Date From	Service Date To	Amount Overpaid	Paid Date	Performing Provider No.
455810223081990	ISABEL D RODRIGUEZ	449600336D6	05/12/2010	05/12/2010	\$434.16	09/16/2010	1295849743

Reason for Overpayment: Based on Medicare guidelines, the service(s) on the original claim was not considered medically necessary. This decision is based on either the documentation that was submitted or the failure by the physician/supplier to furnish information that was requested to support the claim. Therefore, payment was made to you in error.

Invoice Number: 455713324900469

Claim No.	Beneficiary Name	HIC No.	Service Date From	Service Date To	Amount Overpaid	Paid Date	Performing Provider No.
455810223082010	ISABEL D RODRIGUEZ	449600336D6	05/12/2010	05/12/2010	\$401.18	09/16/2010	1295849743

Reason for Overpayment: Based on Medicare guidelines, the service(s) on the original claim was not considered medically necessary. This decision is based on either the documentation that was submitted or the failure by the physician/supplier to furnish information that was requested to support the claim. Therefore, payment was made to you in error.

Invoice Number: 455713324900474

Claim No.	Beneficiary Name	HIC No.	Service Date From	Service Date To	Amount Overpaid	Paid Date	Performing Provider No.
455810223171020	ISABEL D RODRIGUEZ	449600336D6	05/20/2010	05/20/2010	\$401.18	09/16/2010	1295849743

Reason for Overpayment: Based on Medicare guidelines, the service(s) on the original claim was not considered medically necessary. This decision is based on either the documentation that was submitted or the failure by the physician/supplier to furnish information that was requested to support the claim. Therefore, payment was made to you in error.

Invoice Number: 455713324900470

Claim No.	Beneficiary Name	HIC No.	Service Date From	Service Date To	Amount Overpaid	Paid Date	Performing Provider No.
455810223170990	ISABEL D RODRIGUEZ	449600336D6	05/21/2010	05/21/2010	\$401.18	09/16/2010	1295849743

Reason for Overpayment: Based on Medicare guidelines, the service(s) on the original claim was not considered medically necessary. This decision is based on either the documentation that was submitted or the failure by the physician/supplier to furnish information that was requested to support the claim. Therefore, payment was made to you in error.

Invoice Number: 455713324900552

Claim No.	Beneficiary Name	HIC No.	Service Date From	Service Date To	Amount Overpaid	Paid Date	Performing Provider No.
452210211197200	ISABEL D RODRIGUEZ	449600336D6	07/28/2010	07/28/2010	\$346.22	08/13/2010	1295849743

Reason for Overpayment: Based on Medicare guidelines, the service(s) on the original claim was not considered medically necessary. This decision is based on either the documentation that was submitted or the failure by the physician/supplier to furnish information that was requested to support the claim. Therefore, payment was made to you in error.

Invoice Number: 455713324900554

Claim No.	Beneficiary Name	HIC No.	Service Date From	Service Date To	Amount Overpaid	Paid Date	Performing Provider No.
452210211197300	ISABEL D RODRIGUEZ	449600336D6	07/28/2010	07/28/2010	\$324.24	08/13/2010	1295849743

Reason for Overpayment: Based on Medicare guidelines, the service(s) on the original claim was not considered medically necessary. This decision is based on either the documentation that was submitted or the failure by the physician/supplier to furnish information that was requested to support the claim. Therefore, payment was made to you in error.

Invoice Number: 455713324900501

Claim No.	Beneficiary Name	HIC No.	Service Date From	Service Date To	Amount Overpaid	Paid Date	Performing Provider No.
452210180296720	ISABEL D RODRIGUEZ	449600336D6	06/03/2010	06/03/2010	\$376.37	07/13/2010	1295849743

Reason for Overpayment: Based on Medicare guidelines, the service(s) on the original claim was not considered medically necessary. This decision is based on either the documentation that was submitted or the failure by the physician/supplier to furnish information that was requested to support the claim. Therefore, payment was made to you in error.

Invoice Number: 455713324900503

Claim No.	Beneficiary Name	HIC No.	Service Date From	Service Date To	Amount Overpaid	Paid Date	Performing Provider No.
452210180296770	ISABEL D RODRIGUEZ	449600336D6	06/03/2010	06/03/2010	\$376.37	07/13/2010	1295849743

Reason for Overpayment: Based on Medicare guidelines, the service(s) on the original claim was not considered medically necessary. This decision is based on either the documentation that was submitted or the failure by the physician/supplier to furnish information that was requested to support the claim. Therefore, payment was made to you in error.

Invoice Number: 455713324900479

Claim No.	Beneficiary Name	HIC No.	Service Date From	Service Date To	Amount Overpaid	Paid Date	Performing Provider No.
452210180293700	ISABEL D RODRIGUEZ	449600336D6	06/04/2010	06/04/2010	\$376.37	07/13/2010	1295849743

Reason for Overpayment: Based on Medicare guidelines, the service(s) on the original claim was not considered medically necessary. This decision is based on either the documentation that was submitted or the failure by the physician/supplier to furnish information that was requested to support the claim. Therefore, payment was made to you in error.

Invoice Number: 455713324900481

Claim No.	Beneficiary Name	HIC No.	Service Date From	Service Date To	Amount Overpaid	Paid Date	Performing Provider No.
452210180293890	ISABEL D RODRIGUEZ	449600336D6	06/04/2010	06/04/2010	\$376.37	07/13/2010	1295849743

Reason for Overpayment: Based on Medicare guidelines, the service(s) on the original claim was not considered medically necessary. This decision is based on either the documentation that was submitted or the failure by the physician/supplier to furnish information that was requested to support the claim. Therefore, payment was made to you in error.

Invoice Number: 455713324900472

Claim No.	Beneficiary Name	HIC No.	Service Date From	Service Date To	Amount Overpaid	Paid Date	Performing Provider No.
455810223171010	ISABEL D RODRIGUEZ	449600336D6	05/21/2010	05/21/2010	\$395.69	09/16/2010	1295849743

Reason for Overpayment: Based on Medicare guidelines, the service(s) on the original claim was not considered medically necessary. This decision is based on either the documentation that was submitted or the failure by the physician/supplier to furnish information that was requested to support the claim. Therefore, payment was made to you in error.

Invoice Number: 455713324900558

Claim No.	Beneficiary Name	HIC No.	Service Date From	Service Date To	Amount Overpaid	Paid Date	Performing Provider No.
452210217411820	ISABEL D RODRIGUEZ	449600336D6	07/30/2010	07/30/2010	\$340.73	08/19/2010	1295849743

Reason for Overpayment: Based on Medicare guidelines, the service(s) on the original claim was not considered medically necessary. This decision is based on either the documentation that was submitted or the failure by the physician/supplier to furnish information that was requested to support the claim. Therefore, payment was made to you in error.

Invoice Number: 455713324900561

Claim No.	Beneficiary Name	HIC No.	Service Date From	Service Date To	Amount Overpaid	Paid Date	Performing Provider No.
452210217411960	ISABEL D RODRIGUEZ	449600336D6	07/30/2010	07/30/2010	\$340.73	08/19/2010	1295849743

Reason for Overpayment: Based on Medicare guidelines, the service(s) on the original claim was not considered medically necessary. This decision is based on either the documentation that was submitted or the failure by the physician/supplier to furnish information that was requested to support the claim. Therefore, payment was made to you in error.

Invoice Number: 455713324900563

Claim No.	Beneficiary Name	HIC No.	Service Date From	Service Date To	Amount Overpaid	Paid Date	Performing Provider No.
452210218377480	ISABEL D RODRIGUEZ	449600336D6	08/03/2010	08/03/2010	\$346.22	08/20/2010	1295849743

Reason for Overpayment: Based on Medicare guidelines, the service(s) on the original claim was not considered medically necessary. This decision is based on either the documentation that was submitted or the failure by the physician/supplier to furnish information that was requested to support the claim. Therefore, payment was made to you in error.

Invoice Number: 455713324900565

Claim No.	Beneficiary Name	HIC No.	Service Date From	Service Date To	Amount Overpaid	Paid Date	Performing Provider No.
452210218377490	ISABEL D RODRIGUEZ	449600336D6	08/03/2010	08/03/2010	\$346.22	08/20/2010	1295849743

Reason for Overpayment: Based on Medicare guidelines, the service(s) on the original claim was not considered medically necessary. This decision is based on either the documentation that was submitted or the failure by the physician/supplier to furnish information that was requested to support the claim. Therefore, payment was made to you in error.

Invoice Number: 455713324900486

Claim No.	Beneficiary Name	HIC No.	Service Date From	Service Date To	Amount Overpaid	Paid Date	Performing Provider No.
452210180294440	ISABEL D RODRIGUEZ	449600336D6	06/07/2010	06/07/2010	\$392.54	07/13/2010	1295849743

Reason for Overpayment: Based on Medicare guidelines, the service(s) on the original claim was not considered medically necessary. This decision is based on either the documentation that was submitted or the failure by the physician/supplier to furnish information that was requested to support the claim. Therefore, payment was made to you in error.

Invoice Number: 455713324900499

Claim No.	Beneficiary Name	HIC No.	Service Date From	Service Date To	Amount Overpaid	Paid Date	Performing Provider No.
452210180296640	ISABEL D RODRIGUEZ	449600336D6	06/07/2010	06/07/2010	\$376.37	07/13/2010	1295849743

Reason for Overpayment: Based on Medicare guidelines, the service(s) on the original claim was not considered medically necessary. This decision is based on either the documentation that was submitted or the failure by the physician/supplier to furnish information that was requested to support the claim. Therefore, payment was made to you in error.

Invoice Number: 455713324900492

Claim No.	Beneficiary Name	HIC No.	Service Date From	Service Date To	Amount Overpaid	Paid Date	Performing Provider No.
452210180294460	ISABEL D RODRIGUEZ	449600336D6	06/08/2010	06/08/2010	\$397.94	07/13/2010	1295849743

Reason for Overpayment: Based on Medicare guidelines, the service(s) on the original claim was not considered medically necessary. This decision is based on either the documentation that was submitted or the failure by the physician/supplier to furnish information that was requested to support the claim. Therefore, payment was made to you in error.

Invoice Number: 455713324900495

Claim No.	Beneficiary Name	HIC No.	Service Date From	Service Date To	Amount Overpaid	Paid Date	Performing Provider No.
452210180294620	ISABEL D RODRIGUEZ	449600336D6	06/08/2010	06/08/2010	\$387.15	07/13/2010	1295849743

Reason for Overpayment: Based on Medicare guidelines, the service(s) on the original claim was not considered medically necessary. This decision is based on either the documentation that was submitted or the failure by the physician/supplier to furnish information that was requested to support the claim. Therefore, payment was made to you in error.

Invoice Number: 455713324900586

Claim No.	Beneficiary Name	HIC No.	Service Date From	Service Date To	Amount Overpaid	Paid Date	Performing Provider No.
452210230369830	ISABEL D RODRIGUEZ	449600336D6	08/13/2010	08/13/2010	\$346.22	09/01/2010	1295849743

Reason for Overpayment: Based on Medicare guidelines, the service(s) on the original claim was not considered medically necessary. This decision is based on either the documentation that was submitted or the failure by the physician/supplier to furnish information that was requested to support the claim. Therefore, payment was made to you in error.

Invoice Number: 455713324900589

Claim No.	Beneficiary Name	HIC No.	Service Date From	Service Date To	Amount Overpaid	Paid Date	Performing Provider No.
452210230369950	ISABEL D RODRIGUEZ	449600336D6	08/13/2010	08/13/2010	\$346.22	09/01/2010	1295849743

Reason for Overpayment: Based on Medicare guidelines, the service(s) on the original claim was not considered medically necessary. This decision is based on either the documentation that was submitted or the failure by the physician/supplier to furnish information that was requested to support the claim. Therefore, payment was made to you in error.

Invoice Number: 455713324900587

Claim No.	Beneficiary Name	HIC No.	Service Date From	Service Date To	Amount Overpaid	Paid Date	Performing Provider No.
452210230369850	ISABEL D RODRIGUEZ	449600336D6	08/16/2010	08/16/2010	\$346.22	09/01/2010	1295849743

Reason for Overpayment: Based on Medicare guidelines, the service(s) on the original claim was not considered medically necessary. This decision is based on either the documentation that was submitted or the failure by the physician/supplier to furnish information that was requested to support the claim. Therefore, payment was made to you in error.

Invoice Number: 455713324900590

Claim No.	Beneficiary Name	HIC No.	Service Date From	Service Date To	Amount Overpaid	Paid Date	Performing Provider No.
452210230369980	ISABEL D RODRIGUEZ	449600336D6	08/16/2010	08/16/2010	\$346.22	09/01/2010	1295849743

Reason for Overpayment: Based on Medicare guidelines, the service(s) on the original claim was not considered medically necessary. This decision is based on either the documentation that was submitted or the failure by the physician/supplier to furnish information that was requested to support the claim. Therefore, payment was made to you in error.

Invoice Number: 455713324900591

Claim No.	Beneficiary Name	HIC No.	Service Date From	Service Date To	Amount Overpaid	Paid Date	Performing Provider No.
452210231392970	ISABEL D RODRIGUEZ	449600336D6	08/17/2010	08/17/2010	\$346.22	09/02/2010	1295849743

Reason for Overpayment: Based on Medicare guidelines, the service(s) on the original claim was not considered medically necessary. This decision is based on either the documentation that was submitted or the failure by the physician/supplier to furnish information that was requested to support the claim. Therefore, payment was made to you in error.

Invoice Number: 455713324900592

Claim No.	Beneficiary Name	HIC No.	Service Date From	Service Date To	Amount Overpaid	Paid Date	Performing Provider No.
452210231393000	ISABEL D RODRIGUEZ	449600336D6	08/17/2010	08/17/2010	\$346.22	09/02/2010	1295849743

Reason for Overpayment: Based on Medicare guidelines, the service(s) on the original claim was not considered medically necessary. This decision is based on either the documentation that was submitted or the failure by the physician/supplier to furnish information that was requested to support the claim. Therefore, payment was made to you in error.

Invoice Number: 455713324900593

Claim No.	Beneficiary Name	HIC No.	Service Date From	Service Date To	Amount Overpaid	Paid Date	Performing Provider No.
452210232386450	ISABEL D RODRIGUEZ	449600336D6	08/18/2010	08/18/2010	\$346.22	09/03/2010	1295849743

Reason for Overpayment: Based on Medicare guidelines, the service(s) on the original claim was not considered medically necessary. This decision is based on either the documentation that was submitted or the failure by the physician/supplier to furnish information that was requested to support the claim. Therefore, payment was made to you in error.

Invoice Number: 455713324900607

Claim No.	Beneficiary Name	HIC No.	Service Date From	Service Date To	Amount Overpaid	Paid Date	Performing Provider No.
452210232386590	ISABEL D RODRIGUEZ	449600336D6	08/18/2010	08/18/2010	\$346.22	09/03/2010	1295849743

Reason for Overpayment: Based on Medicare guidelines, the service(s) on the original claim was not considered medically necessary. This decision is based on either the documentation that was submitted or the failure by the physician/supplier to furnish information that was requested to support the claim. Therefore, payment was made to you in error.

Invoice Number: 455713324900594

Claim No.	Beneficiary Name	HIC No.	Service Date From	Service Date To	Amount Overpaid	Paid Date	Performing Provider No.
452210232386490	ISABEL D RODRIGUEZ	449600336D6	08/19/2010	08/19/2010	\$346.22	09/03/2010	1295849743

Reason for Overpayment: Based on Medicare guidelines, the service(s) on the original claim was not considered medically necessary. This decision is based on either the documentation that was submitted or the failure by the physician/supplier to furnish information that was requested to support the claim. Therefore, payment was made to you in error.

Invoice Number: 455713324900596

Claim No.	Beneficiary Name	HIC No.	Service Date From	Service Date To	Amount Overpaid	Paid Date	Performing Provider No.
452210232386540	ISABEL D RODRIGUEZ	449600336D6	08/19/2010	08/19/2010	\$346.22	09/03/2010	1295849743

Reason for Overpayment: Based on Medicare guidelines, the service(s) on the original claim was not considered medically necessary. This decision is based on either the documentation that was submitted or the failure by the physician/supplier to furnish information that was requested to support the claim. Therefore, payment was made to you in error.

Invoice Number: 455713324900505

Claim No.	Beneficiary Name	HIC No.	Service Date From	Service Date To	Amount Overpaid	Paid Date	Performing Provider No.
452210203871930	ISABEL D RODRIGUEZ	449600336D6	07/15/2010	07/15/2010	\$346.22	08/05/2010	1295849743

Reason for Overpayment: Based on Medicare guidelines, the service(s) on the original claim was not considered medically necessary. This decision is based on either the documentation that was submitted or the failure by the physician/supplier to furnish information that was requested to support the claim. Therefore, payment was made to you in error.

Invoice Number: 455713324900545

Claim No.	Beneficiary Name	HIC No.	Service Date From	Service Date To	Amount Overpaid	Paid Date	Performing Provider No.
452210203871940	ISABEL D RODRIGUEZ	449600336D6	07/15/2010	07/15/2010	\$346.22	08/05/2010	1295849743

Reason for Overpayment: Based on Medicare guidelines, the service(s) on the original claim was not considered medically necessary. This decision is based on either the documentation that was submitted or the failure by the physician/supplier to furnish information that was requested to support the claim. Therefore, payment was made to you in error.

Invoice Number: 455713324900547

Claim No.	Beneficiary Name	HIC No.	Service Date From	Service Date To	Amount Overpaid	Paid Date	Performing Provider No.
452210204720900	ISABEL D RODRIGUEZ	449600336D6	07/21/2010	07/21/2010	\$340.73	08/06/2010	1295849743

Reason for Overpayment: Based on Medicare guidelines, the service(s) on the original claim was not considered medically necessary. This decision is based on either the documentation that was submitted or the failure by the physician/supplier to furnish information that was requested to support the claim. Therefore, payment was made to you in error.

Invoice Number: 455713324900549

Claim No.	Beneficiary Name	HIC No.	Service Date From	Service Date To	Amount Overpaid	Paid Date	Performing Provider No.
452210204720910	ISABEL D RODRIGUEZ	449600336D6	07/21/2010	07/21/2010	\$346.22	08/06/2010	1295849743

Reason for Overpayment: Based on Medicare guidelines, the service(s) on the original claim was not considered medically necessary. This decision is based on either the documentation that was submitted or the failure by the physician/supplier to furnish information that was requested to support the claim. Therefore, payment was made to you in error.

Invoice Number: 455713324900610

Claim No.	Beneficiary Name	HIC No.	Service Date From	Service Date To	Amount Overpaid	Paid Date	Performing Provider No.
452210236056940	ISABEL D RODRIGUEZ	449600336D6	08/20/2010	08/20/2010	\$340.73	09/07/2010	1295849743

Reason for Overpayment: Based on Medicare guidelines, the service(s) on the original claim was not considered medically necessary. This decision is based on either the documentation that was submitted or the failure by the physician/supplier to furnish information that was requested to support the claim. Therefore, payment was made to you in error.

Invoice Number: 455713324900611

Claim No.	Beneficiary Name	HIC No.	Service Date From	Service Date To	Amount Overpaid	Paid Date	Performing Provider No.
452210236057020	ISABEL D RODRIGUEZ	449600336D6	08/20/2010	08/20/2010	\$340.73	09/07/2010	1295849743

Reason for Overpayment: Based on Medicare guidelines, the service(s) on the original claim was not considered medically necessary. This decision is based on either the documentation that was submitted or the failure by the physician/supplier to furnish information that was requested to support the claim. Therefore, payment was made to you in error.

Invoice Number: 455713324900624

Claim No.	Beneficiary Name	HIC No.	Service Date From	Service Date To	Amount Overpaid	Paid Date	Performing Provider No.
452210238263440	ISABEL D RODRIGUEZ	449600336D6	08/23/2010	08/23/2010	\$346.22	09/09/2010	1295849743

Reason for Overpayment: Based on Medicare guidelines, the service(s) on the original claim was not considered medically necessary. This decision is based on either the documentation that was submitted or the failure by the physician/supplier to furnish information that was requested to support the claim. Therefore, payment was made to you in error.

Invoice Number: 455713324900626

Claim No.	Beneficiary Name	HIC No.	Service Date From	Service Date To	Amount Overpaid	Paid Date	Performing Provider No.
452210238263490	ISABEL D RODRIGUEZ	449600336D6	08/23/2010	08/23/2010	\$346.22	09/09/2010	1295849743

Reason for Overpayment: Based on Medicare guidelines, the service(s) on the original claim was not considered medically necessary. This decision is based on either the documentation that was submitted or the failure by the physician/supplier to furnish information that was requested to support the claim. Therefore, payment was made to you in error.

Invoice Number: 4557133249000613

Claim No.	Beneficiary Name	HIC No.	Service Date From	Service Date To	Amount Overpaid	Paid Date	Performing Provider No.
452210238263320	ISABEL D RODRIGUEZ	449600336D6	08/25/2010	08/25/2010	\$313.25	09/09/2010	1295849743

Reason for Overpayment: Based on Medicare guidelines, the service(s) on the original claim was not considered medically necessary. This decision is based on either the documentation that was submitted or the failure by the physician/supplier to furnish information that was requested to support the claim. Therefore, payment was made to you in error.

Invoice Number: 4557133249000614

Claim No.	Beneficiary Name	HIC No.	Service Date From	Service Date To	Amount Overpaid	Paid Date	Performing Provider No.
452210238263340	ISABEL D RODRIGUEZ	449600336D6	08/25/2010	08/25/2010	\$329.73	09/09/2010	1295849743

Reason for Overpayment: Based on Medicare guidelines, the service(s) on the original claim was not considered medically necessary. This decision is based on either the documentation that was submitted or the failure by the physician/supplier to furnish information that was requested to support the claim. Therefore, payment was made to you in error.

Invoice Number: 4557133249000580

Claim No.	Beneficiary Name	HIC No.	Service Date From	Service Date To	Amount Overpaid	Paid Date	Performing Provider No.
452210225891280	ISABEL D RODRIGUEZ	449600336D6	08/10/2010	08/10/2010	\$346.22	08/27/2010	1295849743

Reason for Overpayment: Based on Medicare guidelines, the service(s) on the original claim was not considered medically necessary. This decision is based on either the documentation that was submitted or the failure by the physician/supplier to furnish information that was requested to support the claim. Therefore, payment was made to you in error.

Invoice Number: 455713324900583

Claim No.	Beneficiary Name	HIC No.	Service Date From	Service Date To	Amount Overpaid	Paid Date	Performing Provider No.
452210225891400	ISABEL D RODRIGUEZ	449600336D6	08/10/2010	08/10/2010	\$346.22	08/27/2010	1295849743

Reason for Overpayment: Based on Medicare guidelines, the service(s) on the original claim was not considered medically necessary. This decision is based on either the documentation that was submitted or the failure by the physician/supplier to furnish information that was requested to support the claim. Therefore, payment was made to you in error.

Invoice Number: 455713324900576

Claim No.	Beneficiary Name	HIC No.	Service Date From	Service Date To	Amount Overpaid	Paid Date	Performing Provider No.
452210225891260	ISABEL D RODRIGUEZ	449600336D6	08/11/2010	08/11/2010	\$346.22	08/27/2010	1295849743

Reason for Overpayment: Based on Medicare guidelines, the service(s) on the original claim was not considered medically necessary. This decision is based on either the documentation that was submitted or the failure by the physician/supplier to furnish information that was requested to support the claim. Therefore, payment was made to you in error.

Invoice Number: 455713324900581

Claim No.	Beneficiary Name	HIC No.	Service Date From	Service Date To	Amount Overpaid	Paid Date	Performing Provider No.
452210225891310	ISABEL D RODRIGUEZ	449600336D6	08/11/2010	08/11/2010	\$346.22	08/27/2010	1295849743

Reason for Overpayment: Based on Medicare guidelines, the service(s) on the original claim was not considered medically necessary. This decision is based on either the documentation that was submitted or the failure by the physician/supplier to furnish information that was requested to support the claim. Therefore, payment was made to you in error.



MEDICARE
A Medicare Contractor

Letter Number: 13155552

Date: 12/05/2013

ANDRES GARCIA
5916 W 34TH ST
STE K
HOUSTON, TX 770926424

FIRST REQUEST

RE : MMA 935 - Overpayment Amount
Provider Name: ANDRES GARCIA
Provider Number: 1295849743
Outstanding Balance: \$15,629.45

Dear Sir/Madam,

This is to inform you that you have received a Medicare payment in error which has resulted in an overpayment in the amount of \$15,629.45. The purpose of our letter is to request that this amount be repaid to our office. The attached listing explains how this happened.

Why you are responsible:

You are responsible for being aware of correct claim filing procedures. In this situation, you billed and/or received payment for services you should have known you were not entitled to. Therefore, you are not without fault and are responsible for repaying the overpayment amount. If you dispute this determination please follow the appropriate appeals process listed below. Applicable authorities: Section 1870(b)(c) of the Social Security Act; Subsections 405.350 - 405.359 of Title 42 CFR, Subsections 404.506 - 404.509, 404.510a and 404.512 of Title 20 of the United States Code of Federal Regulations and 20 CFR.

What you should do:

Please return the overpaid amount to us by 01/03/2014 and no interest charge will be assessed.

We request that you refund this amount in full. If you are unable to make refund of the entire amount at this time, advise this office immediately so that we may determine if you are eligible

Novitas Solutions, Inc.
PO Box 3063, Mechanicsburg, PA 17055-1806
www.novitas-solutions.com



for a repayment plan. Any repayment plan (where one is approved) would run from the date of this letter.

Make the check payable to Medicare Part B and send it with a copy of this letter to:

Novitas Solutions, Inc.
ATTN: Cashier
PO Box 3106
Mechanicsburg, PA 17055-1822

You may elect to have your overpayment(s) repaid through the immediate recoupment process and avoid paying by check or waiting for the standard recoupment process that begins on day 41 from date of the initial demand letter. A request for immediate recoupment must be received in writing no later than the 16th day from the date of initial demand letter. You must specify whether you are submitting:

1. A one-time request for the current overpayment and all future overpayments, or
2. A request for the current overpayment addressed in this demand letter only.

This process is voluntary and for your convenience. Your request must specifically state you understand you are waiving potential receipt of interest payment pursuant to Section 1893(f)(2) for the overpayments. Note: Such interest may be payable for certain overpayments reversed at the Administrative Law Judge (ALJ) level or subsequent levels of appeal.

Visit our website at www.novitas-solutions.com for additional information and instructions for **Immediate Recoupment**.

You may fax your request to the number mentioned at the end of this letter.

Payment Withholding:

If payment in full is not received by 01/03/2014, payments to you can be withheld (Recoupment) until payment in full is received or if you have not submitted an acceptable extended repayment request and/or a valid and timely appeal is received.

Please complete an extended repayment schedule (ERS) package if you are unable to make full payment at this time, and would like to request an ERS. Details for completing the ERS package are included on our Website at www.novitas-solutions.com. If you would like to receive an ERS package by mail, please call the telephone number listed at the end of this letter.

Rebuttal Process:

Under our existing regulations 42 CFR sections 405.374, Providers and other Suppliers will

have 15 days from the date of this demand letter to submit a statement of opportunity to rebuttal. The rebuttal process provides the debtor the opportunity to submit a statement and/or evidence stating why recoupment should not be initiated. The outcome of the rebuttal process could change how or if we recoup. If you have reason to believe the withhold should not occur on **01/14/2014**, you must notify this office before **12/19/2013**. We will review your documentation. Our office will advise you of our decision in 15 days from receipt of your request. However, this is not an appeal of the overpayment determination, and it will not delay recoupment before a rebuttal response has been rendered.

The rebuttal statement does not cease recoupment activities consistent with section 935 of the MMA.

How to Stop Recoupment:

Even if the overpayment and any assessed interest has not been paid in full you can stop Medicare from recouping any payments. If you act quickly and decidedly, Medicare will permit providers to **stop recoupment** at two points. The first occurs if we receive a valid and timely request for a redetermination within 30 days from the date of this letter. We will stop or delay recoupment pending the results of the appeal.

We will again stop recoupment if, following an **unfavorable or partially favorable redetermination** decision if you decide to act quickly and file a valid request for reconsideration with the Qualified Independent Contractor (QIC). The address and details on how to file a request for reconsideration will be included in the redetermination decision letter.

What are the timeframes to stop recoupment:

First Opportunity: To assist us in expeditiously stopping the recoupment process, we request that you clearly indicate on your appeal request that this is a 935 overpayment appeal for a redetermination to:

Novitas Solutions, Inc. - 935 APPEALS REDETERMINATION
PO Box 3110
Mechanicsburg, PA 17055-1826

Second Opportunity: If the redetermination decision is 1) **unfavorable** we can begin to recoup no earlier than the **60th day** from the date of the Medicare redetermination notice (Medicare Appeal Decision Letter), or 2) if the decision is **partially favorable** we can begin to recoup no earlier than the 60th day from the date of the Medicare revised overpayment Notice/Revised Demand Letter. Therefore, it is important to act quickly and decidedly to limit recoupment by requesting a valid and timely reconsideration within 60 days of the appropriate notice/letter. The address and details on how to file a request for reconsideration will be included in the redetermination decision letter.

What Happens following a reconsideration by a Qualified Independent Contractor (QIC):

Following decision or dismissal by the QIC, if the debt has not been paid in full, we will begin or resume recoupment whether or not you appeal to the next level of Administrative Law Judge (ALJ).

NOTE: Even when recoupment is stopped, interest continues to accrue.

Interest Assessment:

If you do not refund in 30 days: In accordance with 42 CFR 405.378 simple interest at the rate of 10.125 percent will be charged on the unpaid balance of the overpayment beginning on the 31st day. Interest is calculated in 30-day periods and is assessed for each full 30-day period that payment is not made on time. Thus, if payment is received 31 days from the date of final determination, one 30-day period of interest will be charged. Each payment will be applied first to accrued interest and then to principal. After each payment interest will continue to accrue on the remaining principal balance, at the rate of 10.125 percent. In addition, please note that Medicare rules require that payment be either received in our office by 01/03/2014 or use the United States Postal Service Postmark by that date for the payment to be considered timely. A metered mail postmark received in our office after 01/03/2014 will cause an additional month's interest to be assessed on the debt.

Medicaid Offset:

If this matter is not resolved, CMS may instruct the Medicaid State Agency to withhold the Federal share of any Medicaid payments that may be due you or related facilities until the full amount owed Medicare is recouped, Title 42 CFR, Section 447.30(g). These recoveries will be in addition to any recoupments from other Medicare funds due you until the full amount owed to Medicare is recovered.

If you wish to appeal this decision:

If you disagree with this overpayment decision, you may file an appeal. An appeal is a review performed by people independent of those who have reviewed your claim so far. The first level of appeal is called a redetermination. You must file your request for a redetermination within 120 days from the date of this letter. However, if you wish to avoid recoupment from occurring, you need to file your request for redetermination within 30 days from the date of this letter as described above. Unless you show us otherwise, we assume you received this letter 5 days after the date of this letter. Please send your request for redetermination to:

Novitas Solutions, Inc. - 935 APPEALS REDETERMINATION
PO Box 3110
Mechanicsburg, PA 17055-1826

If you have filed a bankruptcy petition:

If you have filed a bankruptcy petition or are involved in a bankruptcy proceeding, Medicare financial obligations will be resolved in accordance with the applicable bankruptcy process. Accordingly, we request that you immediately notify us about this bankruptcy so that we may coordinate with both the Centers for Medicare & Medicaid Services and the Department of Justice so as to assure that we handle your situation properly. If possible, when notifying us about the bankruptcy please include the name the bankruptcy is filed under and the district where the bankruptcy is filed.

Should you have any questions, please contact your overpayment consultant at the following:

Provider - Part B: 855-252-8782

Part B Extended Repayment Request: 855-252-8782

Part B Immediate Recoupment - Fax: 717-728-8728

We look forward to hearing from you shortly.

Sincerely,

Medicare Part B
Recovery Unit

Enclosure: How This Overpayment Was Determined

Invoice Number: 455713324901001

Claim No.	Beneficiary Name	HIC No.	Service Date From	Service Date To	Amount Overpaid	Paid Date	Performing Provider No.
452910243274730	ISABEL D RODRIGUEZ	449600336D6	08/26/2010	08/26/2010	\$335.23	09/14/2010	1295849743

Reason for Overpayment: Based on Medicare guidelines, the service(s) on the original claim was not considered medically necessary. This decision is based on either the documentation that was submitted or the failure by the physician/supplier to furnish information that was requested to support the claim. Therefore, payment was made to you in error.

Invoice Number: 455713324901003

Claim No.	Beneficiary Name	HIC No.	Service Date From	Service Date To	Amount Overpaid	Paid Date	Performing Provider No.
452910243274750	ISABEL D RODRIGUEZ	449600336D6	08/26/2010	08/26/2010	\$318.74	09/14/2010	1295849743

Reason for Overpayment: Based on Medicare guidelines, the service(s) on the original claim was not considered medically necessary. This decision is based on either the documentation that was submitted or the failure by the physician/supplier to furnish information that was requested to support the claim. Therefore, payment was made to you in error.

Invoice Number: 456713324901022

Claim No.	Beneficiary Name	HIC No.	Service Date From	Service Date To	Amount Overpaid	Paid Date	Performing Provider No.
453210277223490	ISABEL D RODRIGUEZ	449600336D6	09/29/2010	09/29/2010	\$318.74	10/15/2010	1295849743

Reason for Overpayment: Based on Medicare guidelines, the service(s) on the original claim was not considered medically necessary. This decision is based on either the documentation that was submitted or the failure by the physician/supplier to furnish information that was requested to support the claim. Therefore, payment was made to you in error.

Invoice Number: 456713324901357

Claim No.	Beneficiary Name	HIC No.	Service Date From	Service Date To	Amount Overpaid	Paid Date	Performing Provider No.
453210277714150	ISABEL D RODRIGUEZ	449600336D6	09/29/2010	09/29/2010	\$346.22	10/15/2010	1295849743

Reason for Overpayment: Based on Medicare guidelines, the service(s) on the original claim was not considered medically necessary. This decision is based on either the documentation that was submitted or the failure by the physician/supplier to furnish information that was requested to support the claim. Therefore, payment was made to you in error.

Invoice Number: 456713324901359

Claim No.	Beneficiary Name	HIC No.	Service Date From	Service Date To	Amount Overpaid	Paid Date	Performing Provider No.
453210277714180	ISABEL D RODRIGUEZ	449600336D6	09/30/2010	09/30/2010	\$313.25	10/15/2010	1295849743

Reason for Overpayment: Based on Medicare guidelines, the service(s) on the original claim was not considered medically necessary. This decision is based on either the documentation that was submitted or the failure by the physician/supplier to furnish information that was requested to support the claim. Therefore, payment was made to you in error.

Invoice Number: 455713324900922

Claim No.	Beneficiary Name	HIC No.	Service Date From	Service Date To	Amount Overpaid	Paid Date	Performing Provider No.
452910202495580	ISABEL D RODRIGUEZ	449600336D6	07/16/2010	07/16/2010	\$346.22	08/04/2010	1295849743

Reason for Overpayment: Based on Medicare guidelines, the service(s) on the original claim was not considered medically necessary. This decision is based on either the documentation that was submitted or the failure by the physician/supplier to furnish information that was requested to support the claim. Therefore, payment was made to you in error.

Invoice Number: 455713324900917

Claim No.	Beneficiary Name	HIC No.	Service Date From	Service Date To	Amount Overpaid	Paid Date	Performing Provider No.
452910202495540	ISABEL D RODRIGUEZ	449600336D6	07/19/2010	07/19/2010	\$346.22	08/04/2010	1295849743

Reason for Overpayment: Based on Medicare guidelines, the service(s) on the original claim was not considered medically necessary. This decision is based on either the documentation that was submitted or the failure by the physician/supplier to furnish information that was requested to support the claim. Therefore, payment was made to you in error.

Invoice Number: 455713324900954

Claim No.	Beneficiary Name	HIC No.	Service Date From	Service Date To	Amount Overpaid	Paid Date	Performing Provider No.
452910202495590	ISABEL D RODRIGUEZ	449600336D6	07/19/2010	07/19/2010	\$340.73	08/04/2010	1295849743

Reason for Overpayment: Based on Medicare guidelines, the service(s) on the original claim was not considered medically necessary. This decision is based on either the documentation that was submitted or the failure by the physician/supplier to furnish information that was requested to support the claim. Therefore, payment was made to you in error.

Invoice Number: 455713324900813

Claim No.	Beneficiary Name	HIC No.	Service Date From	Service Date To	Amount Overpaid	Paid Date	Performing Provider No.
452810267615420	ISABEL D RODRIGUEZ	449600336D6	09/22/2010	09/22/2010	\$324.24	10/08/2010	1295849743

Reason for Overpayment: Based on Medicare guidelines, the service(s) on the original claim was not considered medically necessary. This decision is based on either the documentation that was submitted or the failure by the physician/supplier to furnish information that was requested to support the claim. Therefore, payment was made to you in error.

Invoice Number: 4557133249000815

Claim No.	Beneficiary Name	HIC No.	Service Date From	Service Date To	Amount Overpaid	Paid Date	Performing Provider No.
452810267615450	ISABEL D RODRIGUEZ	449600336D6	09/22/2010	09/22/2010	\$346.22	10/08/2010	1295849743

Reason for Overpayment: Based on Medicare guidelines, the service(s) on the original claim was not considered medically necessary. This decision is based on either the documentation that was submitted or the failure by the physician/supplier to furnish information that was requested to support the claim. Therefore, payment was made to you in error.

Invoice Number: 4557133249000961

Claim No.	Beneficiary Name	HIC No.	Service Date From	Service Date To	Amount Overpaid	Paid Date	Performing Provider No.
452910208092910	ISABEL D RODRIGUEZ	449600336D6	07/22/2010	07/22/2010	\$324.24	08/10/2010	1295849743

Reason for Overpayment: Based on Medicare guidelines, the service(s) on the original claim was not considered medically necessary. This decision is based on either the documentation that was submitted or the failure by the physician/supplier to furnish information that was requested to support the claim. Therefore, payment was made to you in error.

Invoice Number: 4557133249000965

Claim No.	Beneficiary Name	HIC No.	Service Date From	Service Date To	Amount Overpaid	Paid Date	Performing Provider No.
452910208092940	ISABEL D RODRIGUEZ	449600336D6	07/22/2010	07/22/2010	\$346.22	08/10/2010	1295849743

Reason for Overpayment: Based on Medicare guidelines, the service(s) on the original claim was not considered medically necessary. This decision is based on either the documentation that was submitted or the failure by the physician/supplier to furnish information that was requested to support the claim. Therefore, payment was made to you in error.

Invoice Number: 455713324900958

Claim No.	Beneficiary Name	HIC No.	Service Date From	Service Date To	Amount Overpaid	Paid Date	Performing Provider No.
452910208092870	ISABEL D RODRIGUEZ	449600336D6	07/23/2010	07/23/2010	\$346.22	08/10/2010	1295849743

Reason for Overpayment: Based on Medicare guidelines, the service(s) on the original claim was not considered medically necessary. This decision is based on either the documentation that was submitted or the failure by the physician/supplier to furnish information that was requested to support the claim. Therefore, payment was made to you in error.

Invoice Number: 455713324900963

Claim No.	Beneficiary Name	HIC No.	Service Date From	Service Date To	Amount Overpaid	Paid Date	Performing Provider No.
452910208092920	ISABEL D RODRIGUEZ	449600336D6	07/23/2010	07/23/2010	\$346.22	08/10/2010	1295849743

Reason for Overpayment: Based on Medicare guidelines, the service(s) on the original claim was not considered medically necessary. This decision is based on either the documentation that was submitted or the failure by the physician/supplier to furnish information that was requested to support the claim. Therefore, payment was made to you in error.

Invoice Number: 455713324901011

Claim No.	Beneficiary Name	HIC No.	Service Date From	Service Date To	Amount Overpaid	Paid Date	Performing Provider No.
452910246587240	ISABEL D RODRIGUEZ	449600336D6	09/01/2010	09/01/2010	\$340.73	09/16/2010	1295849743

Reason for Overpayment: Based on Medicare guidelines, the service(s) on the original claim was not considered medically necessary. This decision is based on either the documentation that was submitted or the failure by the physician/supplier to furnish information that was requested to support the claim. Therefore, payment was made to you in error.

Invoice Number: 455713324901020

Claim No.	Beneficiary Name	HIC No.	Service Date From	Service Date To	Amount Overpaid	Paid Date	Performing Provider No.
452910246587330	ISABEL D RODRIGUEZ	449600336D6	09/01/2010	09/01/2010	\$324.24	09/16/2010	1295849743

Reason for Overpayment: Based on Medicare guidelines, the service(s) on the original claim was not considered medically necessary. This decision is based on either the documentation that was submitted or the failure by the physician/supplier to furnish information that was requested to support the claim. Therefore, payment was made to you in error.

Invoice Number: 455713324900840

Claim No.	Beneficiary Name	HIC No.	Service Date From	Service Date To	Amount Overpaid	Paid Date	Performing Provider No.
455810224190300	ISABEL D RODRIGUEZ	449600336D6	05/04/2010	05/04/2010	\$335.23	09/16/2010	1295849743

Reason for Overpayment: Based on Medicare guidelines, the service(s) on the original claim was not considered medically necessary. This decision is based on either the documentation that was submitted or the failure by the physician/supplier to furnish information that was requested to support the claim. Therefore, payment was made to you in error.

Invoice Number: 455713324900844

Claim No.	Beneficiary Name	HIC No.	Service Date From	Service Date To	Amount Overpaid	Paid Date	Performing Provider No.
455810224190320	ISABEL D RODRIGUEZ	449600336D6	05/04/2010	05/04/2010	\$335.23	09/16/2010	1295849743

Reason for Overpayment: Based on Medicare guidelines, the service(s) on the original claim was not considered medically necessary. This decision is based on either the documentation that was submitted or the failure by the physician/supplier to furnish information that was requested to support the claim. Therefore, payment was made to you in error.

Invoice Number: 455713324900848

Claim No.	Beneficiary Name	HIC No.	Service Date From	Service Date To	Amount Overpaid	Paid Date	Performing Provider No.
455810224191210	ISABEL D RODRIGUEZ	449600336D6	05/05/2010	05/05/2010	\$346.22	09/16/2010	1295849743

Reason for Overpayment: Based on Medicare guidelines, the service(s) on the original claim was not considered medically necessary. This decision is based on either the documentation that was submitted or the failure by the physician/supplier to furnish information that was requested to support the claim. Therefore, payment was made to you in error.

Invoice Number: 455713324900853

Claim No.	Beneficiary Name	HIC No.	Service Date From	Service Date To	Amount Overpaid	Paid Date	Performing Provider No.
455810224191220	ISABEL D RODRIGUEZ	449600336D6	05/05/2010	05/05/2010	\$324.24	09/16/2010	1295849743

Reason for Overpayment: Based on Medicare guidelines, the service(s) on the original claim was not considered medically necessary. This decision is based on either the documentation that was submitted or the failure by the physician/supplier to furnish information that was requested to support the claim. Therefore, payment was made to you in error.

Invoice Number: 455713324900880

Claim No.	Beneficiary Name	HIC No.	Service Date From	Service Date To	Amount Overpaid	Paid Date	Performing Provider No.
455810224390650	ISABEL D RODRIGUEZ	449600336D6	06/09/2010	06/09/2010	\$406.68	09/16/2010	1295849743

Reason for Overpayment: Based on Medicare guidelines, the service(s) on the original claim was not considered medically necessary. This decision is based on either the documentation that was submitted or the failure by the physician/supplier to furnish information that was requested to support the claim. Therefore, payment was made to you in error.

Invoice Number: 455713324900912

Claim No.	Beneficiary Name	HIC No.	Service Date From	Service Date To	Amount Overpaid	Paid Date	Performing Provider No.
455810224390690	ISABEL D RODRIGUEZ	449600336D6	06/09/2010	06/09/2010	\$401.18	09/16/2010	1295849743

Reason for Overpayment: Based on Medicare guidelines, the service(s) on the original claim was not considered medically necessary. This decision is based on either the documentation that was submitted or the failure by the physician/supplier to furnish information that was requested to support the claim. Therefore, payment was made to you in error.

Invoice Number: 455713324900878

Claim No.	Beneficiary Name	HIC No.	Service Date From	Service Date To	Amount Overpaid	Paid Date	Performing Provider No.
455810224390630	ISABEL D RODRIGUEZ	449600336D6	06/10/2010	06/10/2010	\$390.19	09/16/2010	1295849743

Reason for Overpayment: Based on Medicare guidelines, the service(s) on the original claim was not considered medically necessary. This decision is based on either the documentation that was submitted or the failure by the physician/supplier to furnish information that was requested to support the claim. Therefore, payment was made to you in error.

Invoice Number: 455713324900884

Claim No.	Beneficiary Name	HIC No.	Service Date From	Service Date To	Amount Overpaid	Paid Date	Performing Provider No.
455810224390670	ISABEL D RODRIGUEZ	449600336D6	06/10/2010	06/10/2010	\$390.19	09/16/2010	1295849743

Reason for Overpayment: Based on Medicare guidelines, the service(s) on the original claim was not considered medically necessary. This decision is based on either the documentation that was submitted or the failure by the physician/supplier to furnish information that was requested to support the claim. Therefore, payment was made to you in error.

Invoice Number: 455713324900860

Claim No.	Beneficiary Name	HIC No.	Service Date From	Service Date To	Amount Overpaid	Paid Date	Performing Provider No.
455810224262240	ISABEL D RODRIGUEZ	449600336D6	05/18/2010	05/18/2010	\$401.18	09/16/2010	1295849743

Reason for Overpayment: Based on Medicare guidelines, the service(s) on the original claim was not considered medically necessary. This decision is based on either the documentation that was submitted or the failure by the physician/supplier to furnish information that was requested to support the claim. Therefore, payment was made to you in error.

Invoice Number: 455713324900870

Claim No.	Beneficiary Name	HIC No.	Service Date From	Service Date To	Amount Overpaid	Paid Date	Performing Provider No.
455810224262280	ISABEL D RODRIGUEZ	449600336D6	05/18/2010	05/18/2010	\$401.18	09/16/2010	1295849743

Reason for Overpayment: Based on Medicare guidelines, the service(s) on the original claim was not considered medically necessary. This decision is based on either the documentation that was submitted or the failure by the physician/supplier to furnish information that was requested to support the claim. Therefore, payment was made to you in error.

Invoice Number: 455713324900859

Claim No.	Beneficiary Name	HIC No.	Service Date From	Service Date To	Amount Overpaid	Paid Date	Performing Provider No.
455810224262230	ISABEL D RODRIGUEZ	449600336D6	05/19/2010	05/19/2010	\$401.18	09/16/2010	1295849743

Reason for Overpayment: Based on Medicare guidelines, the service(s) on the original claim was not considered medically necessary. This decision is based on either the documentation that was submitted or the failure by the physician/supplier to furnish information that was requested to support the claim. Therefore, payment was made to you in error.

Invoice Number: 455713324900868

Claim No.	Beneficiary Name	HIC No.	Service Date From	Service Date To	Amount Overpaid	Paid Date	Performing Provider No.
455810224262270	ISABEL D RODRIGUEZ	449600336D6	05/19/2010	05/19/2010	\$401.18	09/16/2010	1295849743

Reason for Overpayment: Based on Medicare guidelines, the service(s) on the original claim was not considered medically necessary. This decision is based on either the documentation that was submitted or the failure by the physician/supplier to furnish information that was requested to support the claim. Therefore, payment was made to you in error.

Invoice Number: 455713324900872

Claim No.	Beneficiary Name	HIC No.	Service Date From	Service Date To	Amount Overpaid	Paid Date	Performing Provider No.
455810224292340	ISABEL D RODRIGUEZ	449600336D6	05/25/2010	05/25/2010	\$357.21	09/16/2010	1295849743

Reason for Overpayment: Based on Medicare guidelines, the service(s) on the original claim was not considered medically necessary. This decision is based on either the documentation that was submitted or the failure by the physician/supplier to furnish information that was requested to support the claim. Therefore, payment was made to you in error.

Invoice Number: 455713324900875

Claim No.	Beneficiary Name	HIC No.	Service Date From	Service Date To	Amount Overpaid	Paid Date	Performing Provider No.
455810224292380	ISABEL D RODRIGUEZ	449600336D6	05/25/2010	05/25/2010	\$357.21	09/16/2010	1295849743

Reason for Overpayment: Based on Medicare guidelines, the service(s) on the original claim was not considered medically necessary. This decision is based on either the documentation that was submitted or the failure by the physician/supplier to furnish information that was requested to support the claim. Therefore, payment was made to you in error.

Invoice Number: 455713324901007

Claim No.	Beneficiary Name	HIC No.	Service Date From	Service Date To	Amount Overpaid	Paid Date	Performing Provider No.
452910246587120	ISABEL D RODRIGUEZ	449600336D6	08/30/2010	08/30/2010	\$335.23	09/16/2010	1295849743

Reason for Overpayment: Based on Medicare guidelines, the service(s) on the original claim was not considered medically necessary. This decision is based on either the documentation that was submitted or the failure by the physician/supplier to furnish information that was requested to support the claim. Therefore, payment was made to you in error.

Invoice Number: 455713324901016

Claim No.	Beneficiary Name	HIC No.	Service Date From	Service Date To	Amount Overpaid	Paid Date	Performing Provider No.
452910246587320	ISABEL D RODRIGUEZ	449600336D6	08/30/2010	08/30/2010	\$324.24	09/16/2010	1295849743

Reason for Overpayment: Based on Medicare guidelines, the service(s) on the original claim was not considered medically necessary. This decision is based on either the documentation that was submitted or the failure by the physician/supplier to furnish information that was requested to support the claim. Therefore, payment was made to you in error.

Invoice Number: 455713324901013

Claim No.	Beneficiary Name	HIC No.	Service Date From	Service Date To	Amount Overpaid	Paid Date	Performing Provider No.
452910246587280	ISABEL D RODRIGUEZ	449600336D6	08/31/2010	08/31/2010	\$324.24	09/16/2010	1295849743

Reason for Overpayment: Based on Medicare guidelines, the service(s) on the original claim was not considered medically necessary. This decision is based on either the documentation that was submitted or the failure by the physician/supplier to furnish information that was requested to support the claim. Therefore, payment was made to you in error.

Invoice Number: 455713324900816

Claim No.	Beneficiary Name	HIC No.	Service Date From	Service Date To	Amount Overpaid	Paid Date	Performing Provider No.
452810278210680	ISABEL D RODRIGUEZ	449600336D6	10/01/2010	10/01/2010	\$335.23	10/19/2010	1295849743

Reason for Overpayment: Based on Medicare guidelines, the service(s) on the original claim was not considered medically necessary. This decision is based on either the documentation that was submitted or the failure by the physician/supplier to furnish information that was requested to support the claim. Therefore, payment was made to you in error.

Invoice Number: 455713324900829

Claim No.	Beneficiary Name	HIC No.	Service Date From	Service Date To	Amount Overpaid	Paid Date	Performing Provider No.
452810278210810	ISABEL D RODRIGUEZ	449600336D6	10/01/2010	10/01/2010	\$324.24	10/19/2010	1295849743

Reason for Overpayment: Based on Medicare guidelines, the service(s) on the original claim was not considered medically necessary. This decision is based on either the documentation that was submitted or the failure by the physician/supplier to furnish information that was requested to support the claim. Therefore, payment was made to you in error.

Invoice Number: 455713324900828

Claim No.	Beneficiary Name	HIC No.	Service Date From	Service Date To	Amount Overpaid	Paid Date	Performing Provider No.
452810278210770	ISABEL D RODRIGUEZ	449600336D6	09/28/2010	09/28/2010	\$324.24	10/19/2010	1295849743

Reason for Overpayment: Based on Medicare guidelines, the service(s) on the original claim was not considered medically necessary. This decision is based on either the documentation that was submitted or the failure by the physician/supplier to furnish information that was requested to support the claim. Therefore, payment was made to you in error.

Invoice Number: 455713324900967

Claim No.	Beneficiary Name	HIC No.	Service Date From	Service Date To	Amount Overpaid	Paid Date	Performing Provider No.
452910222242020	ISABEL D RODRIGUEZ	449600336D6	08/04/2010	08/04/2010	\$335.23	08/23/2010	1295849743

Reason for Overpayment: Based on Medicare guidelines, the service(s) on the original claim was not considered medically necessary. This decision is based on either the documentation that was submitted or the failure by the physician/supplier to furnish information that was requested to support the claim. Therefore, payment was made to you in error.

Invoice Number: 455713324900969

Claim No.	Beneficiary Name	HIC No.	Service Date From	Service Date To	Amount Overpaid	Paid Date	Performing Provider No.
452910222242060	ISABEL D RODRIGUEZ	449600336D6	08/04/2010	08/04/2010	\$335.23	08/23/2010	1295849743

Reason for Overpayment: Based on Medicare guidelines, the service(s) on the original claim was not considered medically necessary. This decision is based on either the documentation that was submitted or the failure by the physician/supplier to furnish information that was requested to support the claim. Therefore, payment was made to you in error.

Invoice Number: 455713324900973

Claim No.	Beneficiary Name	HIC No.	Service Date From	Service Date To	Amount Overpaid	Paid Date	Performing Provider No.
452910223236910	ISABEL D RODRIGUEZ	449600336D6	08/05/2010	08/05/2010	\$335.23	08/24/2010	1295849743

Reason for Overpayment: Based on Medicare guidelines, the service(s) on the original claim was not considered medically necessary. This decision is based on either the documentation that was submitted or the failure by the physician/supplier to furnish information that was requested to support the claim. Therefore, payment was made to you in error.

Invoice Number: 455713324900977

Claim No.	Beneficiary Name	HIC No.	Service Date From	Service Date To	Amount Overpaid	Paid Date	Performing Provider No.
452910223237010	ISABEL D RODRIGUEZ	449600336D6	08/05/2010	08/05/2010	\$351.72	08/24/2010	1295849743

Reason for Overpayment: Based on Medicare guidelines, the service(s) on the original claim was not considered medically necessary. This decision is based on either the documentation that was submitted or the failure by the physician/supplier to furnish information that was requested to support the claim. Therefore, payment was made to you in error.

Invoice Number: 455713324900975

Claim No.	Beneficiary Name	HIC No.	Service Date From	Service Date To	Amount Overpaid	Paid Date	Performing Provider No.
452910223236960	ISABEL D RODRIGUEZ	449600336D6	08/06/2010	08/06/2010	\$340.73	08/24/2010	1295849743

Reason for Overpayment: Based on Medicare guidelines, the service(s) on the original claim was not considered medically necessary. This decision is based on either the documentation that was submitted or the failure by the physician/supplier to furnish information that was requested to support the claim. Therefore, payment was made to you in error.

Invoice Number: 455713324900999

Claim No.	Beneficiary Name	HIC No.	Service Date From	Service Date To	Amount Overpaid	Paid Date	Performing Provider No.
452910223237060	ISABEL D RODRIGUEZ	449600336D6	08/06/2010	08/06/2010	\$384.69	08/24/2010	1295849743

Reason for Overpayment: Based on Medicare guidelines, the service(s) on the original claim was not considered medically necessary. This decision is based on either the documentation that was submitted or the failure by the physician/supplier to furnish information that was requested to support the claim. Therefore, payment was made to you in error.

Invoice Number: 455713324900979

Claim No.	Beneficiary Name	HIC No.	Service Date From	Service Date To	Amount Overpaid	Paid Date	Performing Provider No.
452910223237020	ISABEL D RODRIGUEZ	449600336D6	08/09/2010	08/09/2010	\$324.24	08/24/2010	1295849743

Reason for Overpayment: Based on Medicare guidelines, the service(s) on the original claim was not considered medically necessary. This decision is based on either the documentation that was submitted or the failure by the physician/supplier to furnish information that was requested to support the claim. Therefore, payment was made to you in error.

Invoice Number: 455713324900984

Claim No.	Beneficiary Name	HIC No.	Service Date From	Service Date To	Amount Overpaid	Paid Date	Performing Provider No.
452910223237040	ISABEL D RODRIGUEZ	449600336D6	08/09/2010	08/09/2010	\$324.24	08/24/2010	1295849743

Reason for Overpayment: Based on Medicare guidelines, the service(s) on the original claim was not considered medically necessary. This decision is based on either the documentation that was submitted or the failure by the physician/supplier to furnish information that was requested to support the claim. Therefore, payment was made to you in error.

Invoice Number: 455713324900831

Claim No.	Beneficiary Name	HIC No.	Service Date From	Service Date To	Amount Overpaid	Paid Date	Performing Provider No.
452811193899140	ISABEL D RODRIGUEZ	449600336D6	09/24/2010	09/24/2010	\$318.74	07/26/2011	1295849743

Reason for Overpayment: Based on Medicare guidelines, the service(s) on the original claim was not considered medically necessary. This decision is based on either the documentation that was submitted or the failure by the physician/supplier to furnish information that was requested to support the claim. Therefore, payment was made to you in error.